

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 22 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13790

1. PLACE OF DEATH
 County Lewis Registration District No. 485
 Township Jalen Primary Registration District No. 5048
 City (No. _____) St. _____ Ward _____

2. FULL NAME Cyrus J. Kendrick
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>64</u>	<u>1</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo.

FATHER
 13. NAME Labreal S. Kendrick
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo.

MOTHER
 15. MAIDEN NAME Mary H. Bradford
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo.

17. INFORMANT (ADDRESS) Thomas S. Kendrick La Belle Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE La Belle Mo. DATE April 18, 1933

19. UNDERTAKER (ADDRESS) Edgar J. Jones La Belle Mo.

20. FILED May 10, 1933 Alvin A. Neal Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1922 to April 16, 1933
 I last saw him alive on April 16, 1933. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage 3/8/33
Arteriosclerosis
Chronic Nephritis
 Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) C. H. Lillard M. D.
 (Address) La Belle, Mo.

10/16/74

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