

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

Do not use this space.

14007

1. PLACE OF BIRTH
 County New Madrid Registration District No. 567
 Township St. John Primary Registration District No. 5803
 City _____ St. _____ Ward _____

2. FULL NAME Larry P. Kennedy
 (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.

File No. _____
 Registered No. 19
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write in word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 33
 7. AGE YEARS MONTHS DAYS 1 20 7 20 7 20
 N LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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 COUNTY) New Madrid

FATHER
 13. NAME Earl Kennedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Texa

MOTHER
 15. MAIDEN NAME Bertha Zook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mo

17. INFORMANT Earl Kennedy
 (ADDRESS) East Prairie Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Dog wood DATE 4-7 1933

19. UNDERTAKER Wm. ...
 (ADDRESS) _____

20. FILED April 7 1933 Wm. ...
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to April 6, 1933
 I last saw him alive on April 6, 1933 Death is said to have occurred on the date stated above, at 70 m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia, bacterial April 13
107A
107A
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____

(Signed) L. P. ..., M. D.

(Address) East Prairie Mo

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

MARGIN RESERVED FOR BINDING

V. S. NO. 1

