

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

Do not use this space.

19282

1. PLACE OF DEATH

27 County Crocker Registration District No. 1095
Township South Moniteau Primary Registration District No. 5310
City (No.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

Robert Le Roy 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Martha Kendrick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 28, 1871</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>7</u>
	DAYS <u>16</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct. 1932</u>	
	11. Total time (years) spent in this occupation <u>16</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moniteau County Missouri</u>		
MOTHER FATHER	13. NAME <u>Obediah Kendrick</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>	
	15. MAIDEN NAME <u>Lucandia Phelps</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moniteau Co. Missouri</u>	
17. INFORMANT (ADDRESS) <u>J. A. Kendrick Clarkburg Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clarkburg Mo.</u> DATE <u>6-16-33</u>		
19. UNDERTAKER (ADDRESS) <u>J. C. Richards Clarkburg Mo.</u>		
20. FILED <u>6-20-33</u> 1933 <u>J. C. Martin</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1933

22. I HEREBY CERTIFY That I attended deceased from June 14, 1933 to June 14, 1933
I last saw him alive on June 14, 1933 Death is said to have occurred on the date stated above, at 11: P. m.
The principal cause of death and related causes of importance were as follows:
Primary Aneurysm
Prostatic Disease
Date of onset Oct. 32

Other contributory causes of importance:
11/15/1931
137
4 mos.

Name of operation..... Date of.....
What test confirmed diagnosis? Laboratory 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?.....
If so, specify Egan A. Kibbs, M. D.
(Signed) California Mo.
(Address)

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.

AUG 22 1933

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