

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

Do not use this space.

29248

File No. _____
Registered No. 48 St. _____ Ward)

1. PLACE OF DEATH

County Dunklin Registration District No. 289
Township Gray Primary Registration District No. 4571
City Farmersville (No. _____)

2. FULL NAME Andrew Brewer Kenneth
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED
(HUSBAND OF OR) WIFE OF Kennetha Elvora Kenneth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 10

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) Georgia

13. NAME Nichols Kenneth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Brewer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) A. V. Kenneth Farmersville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harper DATE Sept 9 1933

19. UNDERTAKER (ADDRESS) Goldwin Undertaker Farmersville Mo

20. FILED 9/9/33 E. Y. Cape Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1933 to Sept 7 1933
I last saw him alive on Sept 7 1933. Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:
(1) Acute Malaria
(2) Chronic Myocarditis
(3) Acute Cardiac Failure
Other contributory causes of importance: _____

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) E. Y. Cape, M. D.
(Address) Farmersville

NOV 10 1933

CAUSE OF DEATH to be properly classified, exact statement should be given.

Handwritten text, possibly a date or reference number.

Vertical handwritten text, possibly a name or title.

Small handwritten mark or signature.

Vertical handwritten text at the bottom of the page.