

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

Do not use this space.

21486

**1. PLACE OF DEATH**  
 County Pike Registration District No. 689  
 Township \_\_\_\_\_ Primary Registration District No. 3033  
 City Louisiana Mo St. 115 S. 4th Ward \_\_\_\_\_

**2. FULL NAME** Ella T. Kenyon  
 (a) Residence, No. 115 S. 4th St. 2 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** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** married  
 (write the word)  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** John Kenyon  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** March 17, 1886  
**7. AGE** YEARS 68 MONTHS 2 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Housewife  
**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)** Pike Co. Mo.  
**MOTHER**  
**13. NAME** Nathaniel Williams  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Mo.  
**15. MAIDEN NAME** Mildred Young  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Pike Co. Mo.  
**FATHER**  
**17. INFORMANT** John Kenyon  
 (ADDRESS) Louisiana Mo.  
**18. BURIAL, CREMATION, OR REMOVAL PLACE** Louisville Cen. DATE June 3 1934  
**19. UNDERTAKER** Trace Bankhead  
 (ADDRESS) Bowling Green Mo.  
**20. FILED** B-4 1934 J. C. Haley, Jr. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 2 1934  
**22. I HEREBY CERTIFY** That I attended deceased from 24 to June 2 1934  
 I last saw him alive on June 1 1934 Death is said to have occurred on the date stated above, at 1210 P  
 The principal cause of death and related causes of importance were as follows:  
Diabetes Mel. Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 59  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis: blood 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) J. H. Miller M. D.  
 (Address) Louisiana Mo

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.

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

JUN 29 1934

