

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.

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

Do not use this space.

OCT 16 1934

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal

Registration District No. 5747
Primary Registration District No. 30179

File No. 33394
Registered No. 264
St. 6 Ward

2. FULL NAME

(a) Residence, No. James F. Kennedy
(Usual place of abode)

St. 6 Ward.

Monroe City Mo
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. 4 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
86

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

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

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) Mo. Mo.

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

15. MAIDEN NAME " "

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

17. INFORMANT (ADDRESS) Frances S. Ragland, Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Holy Rosary Church 9/6 '34

19. UNDERTAKER (ADDRESS) Ray R. Seymour, Hannibal Mo.

20. FILED Sept 5, 1934 Registrar E. M. Lusk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 - 1934

22. I HEREBY CERTIFY That I attended deceased from Aug 28 to Sept 4 1934

I last saw him alive on Sept 10, 1934 Death is said to have occurred on the date stated above, at 6-9 m.

The principal cause of death and related causes of importance were as follows:

Myocardial Sclerosis

Date of onset 1920

Other contributory causes of importance:

Name of operation None Date of Sept 4

What test confirmed diagnosis Physical findings Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury 1934

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) John H. Hubbs, M. D.

(Address) Monroe City Mo

