

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

Do not use this space.

MAR 26 1935

5840

**1. PLACE OF DEATH**

County Jackson Registration District No. 431  
Township \_\_\_\_\_ Primary Registration District No. 3023  
City Warrensburg (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

John Ewing Kuykendall  
(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>M</u>	4. COLOR OR RACE <u>Colored</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>Hattie Kuykendall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 23, 1852</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>8</u>
		DAYS
		<u>28</u>
		IF 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 COUNTRY)	<u>Ky.</u>	
FATHER	13. NAME <u>Richard Kuykendall</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
MOTHER	15. MAIDEN NAME <u>UNKNOWN</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>	
17. INFORMANT (ADDRESS)	<u>Mrs Ruby Holley Warrensburg Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Sunset Hill</u>	DATE <u>Feb. 23, 1935</u>
19. UNDERTAKER (ADDRESS)	<u>W.F. Wilcox Funeral Service Warrensburg Mo.</u>	
20. FILED <u>Feb. 22, 1935</u>	<u>Everal Bentley Registrar.</u>	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1934 to Feb 17, 1935  
I last saw him alive on Feb 17, 1935. Death is said to have occurred on the date stated above, at 2:40 A.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic interstitial nephritis  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Senility

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? pathology 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) John R. Patterson, M. D.  
(Address) Warrensburg 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.

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