

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 14 1935

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township Northview
City Excelsior Springs (No.)

Registration District No. 198Primary Registration District No. 30.11File No. 22470

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. David Henry Kendall St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Kendall6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 18487. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 3 248. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Merchant

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) 1906 11. Total time (years) spent in this occupation 4212. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elm, Ohio13. NAME Francis H Kendall14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Suffield, Penn.15. MAIDEN NAME Sarah E. Little16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT (ADDRESS) Mrs D H Kendall18. BURIAL, CREMATION, OR REMOVAL PLACE Lathrop, Mo. DATE July 27 3519. UNDERTAKER (ADDRESS) Laude Prichard, Excelsior Springs, Mo.20. FILED 7-27-1935 Mrs R. M. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 193522. I HEREBY CERTIFY That I attended deceased from January 1935 to July 25 1935I last saw him alive on July 25 1935. Death is said to have occurred on the date stated above, at 12:45 p.m.

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

Date of onset

Myocardial Deaerogustion

Other contributory causes of importance:

Infarction of eyeName of operation ✓ Date of 7What test confirmed diagnosis? Clinical 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

(Signed) C. H. Sandbach, M. D.(Address) Excelsior Springs, Mo.

