

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

Do not use this space.

24440

AUG 9 1935

791

1003

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

File No.....

Registered No.....

St.....

Ward)

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

St.....

Ward.....

(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 (write the word)

Married

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

John B Kennedy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7 05 9 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

58

7

28

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

Housework

at the home

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis

FATHER

13. NAME

Wm Warren

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

England

MOTHER

15. MAIDEN NAME

Not known

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

2

17. INFORMANT (ADDRESS)

John B Kennedy

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (ADDRESS)

20. FILED

1122 St. Louis

PLACE Burial DATE July 9 1935

Wm L. Keiser and Co

17417 27 market st

7 F Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 6 1935

22. I HEREBY CERTIFY That I attended deceased from

July 1 1935 to July 6 1935

I last saw him alive on July 6 1935 Death is said

to have occurred on the date stated above, at 11:25 a.m.

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

acute nephritis

intestinal obstruction

probably caused by

ether anesthesia

caused by hernia

Other contributory causes of importance:

Chronic Myocarditis

Strangulated Hernia

Name of operation: Protoplastics Hernia Date of July 1-35

What test confirmed diagnosis? Chromic Was there an autopsy? yes

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 none

Nature of injury _____

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

If so, specify _____

(Signed) William P. Durigan, M. D.

(Address) 1943 N. 11th St

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.

2/12

1

2