

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.

SEP 16 1935

25171

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... (No.....)

City.....

File No.....

Registered No.....

St..... Ward.....

2. FULL NAME

Baby Kennedy

(a) Residence, No.....
(Usual place of abode)

1903 St..... 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 8 - 1913</i>		
7. AGE	YEARS	MONTHS
	<i>0</i>	<i>0</i>
		DAYS <i>6</i>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis, Mo

FATHER 13. NAME
Thomas Kennedy

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis, Mo

MOTHER 15. MAIDEN NAME
Annie Davis

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis, Mo

17. INFORMANT (ADDRESS)
Raymond W. Peck, City of St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
City Cemetery 8/30/35

19. UNDERTAKER (ADDRESS)
Davis & Sons, 701 N. 7th St., St. Louis, Mo

20. FILED *8-28 1935* *G. H. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 14, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *7/8* to *July 14, 1935*

I last saw him alive on *7/14/35* Death is said to have occurred on the date stated above, at *8:20 a.m.*

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

Premature

Other contributory causes of importance *159*

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *Ralph N. Barlow* M. D.
(Signed) *Ralph N. Barlow*
(Address) *City of St. Louis*

