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.

NOV 21 1935

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

Do not use this spa[illegible]

32414

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township ~~[illegible]~~ — Primary Registration District No. 2001 — Registered No. 524A

City Springfield (No. Baptist Hospital St. Ward)

2. FULL NAME Kennedy, Doris Ellen

(a) Residence, No. Monett St., Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1930

7. AGE 5 YEARS ~~[illegible]~~ 1930 MONTHS ~~Aug~~ 2 DAYS 10 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) Monett Mo Barry Co.

FATHER

13. NAME Orbin Kennedy

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

MOTHER

15. MAIDEN NAME Thelma Richerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDowell Barry Co.

17. INFORMANT (ADDRESS) Mary Richerson Monett Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monett DATE 10-15 1935

19. UNDERTAKER (ADDRESS) Callaways Monett Mo

20. FILED 10-25 1935 R W Langston, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1935, to Oct 15, 1935

I last saw her alive on Oct 15, 1935 Death is said to have occurred on the date stated above, at 3:00 P.m.

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

	Date of onset
Acute Appendicites	Oct 1, 1935
Peritonitis	Oct 5

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Other contributory causes of importance:

Name of operation Appendectomy Date of Oct 5

What test confirmed diagnosis? 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) Fred R. Farthing M. D.

(Address) Med. Arts Bldg Springfield, Mo