

JAN 17 1936

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

Do not use this space.

40135

1. PLACE OF DEATH

County Lawrence Registration District No. 475
Township Sam's River Primary Registration District No. 3639
City Verona, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

William Samuel Kendall
(a) Residence, No. Mt. Vernon St. Mo Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. 5 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. L. Kendall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired machanic
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 50

12. BIRTHPLACE (CITY OR TOWN) Mt. Vernon, Lawrence Co. Mo
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME George Kendall

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

15. MAIDEN NAME Mary Ann Qualey

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

17. INFORMANT Wayne Kendall
(ADDRESS) Verona, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE 007 DATE Dec 14 1935

19. UNDERTAKER Geo B. Orr
(ADDRESS) Mt. Vernon Mo

20. FILED Jan 10 1936 A. J. Rudig
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1935, to Dec. 12, 1935

I last saw him alive on Dec 12, 1935. Death is said to have occurred on the date stated above, at 5 P. m.

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

Chronic bronchitis
and pneumonia

Date of onset

Other contributory causes of importance:
Heart hypertrophy

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

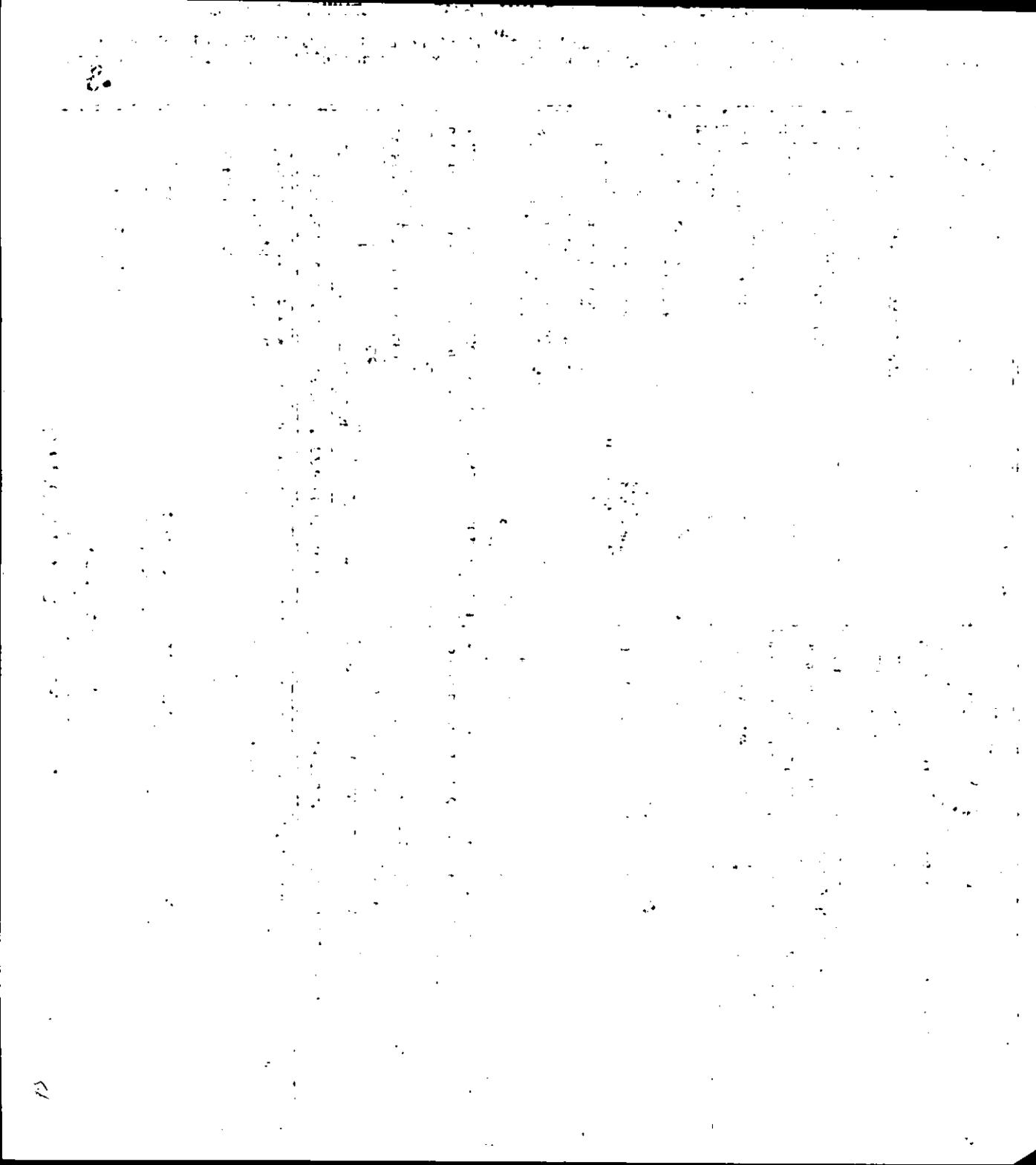
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) James A. Rice, M. D.
(Address) Verona 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.

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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Lawrence Registration District No. 475
Township Spring River Primary Registration District No. 5439
City (No. St. Ward)

2. FULL NAME

William Samuel Kendice
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 29

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Jan 10 1936 A. J. Rudig Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1935

22. I HEREBY CERTIFY, That I attended deceased from 1935 to 1935, 19...
I last saw him alive on 1935, 19... Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset
No further information concerning nephritis. Attending physician has deceased.
Other contributory causes of importance:
acute nephritis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Jay O. Rice, M. D.
(Address) Verona Mo

SUPPLEMENTARY

S-40135