

FEB 13 1936

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

Do not use this space.

1796

1. PLACE OF DEATH

County Jasper Registration District No. 412
Township Shiloh Primary Registration District No. 4247
City Rich City (No. _____) St. _____ Ward _____

File No. 3
Registered No. 2

2. FULL NAME

James P. Kendall

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa R. Kendall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 12

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
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) Champaign Co. Illinois

MOTHER FATHER
13. NAME Steven J. Kendall

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

MOTHER FATHER
15. MAIDEN NAME Mary Ellis

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

17. INFORMANT J. P. Kendall
(ADDRESS) Rich City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Grove Cem. DATE Jan. 21, 1936

19. UNDERTAKER Knee Mortuary
(ADDRESS) Garthage, Mo.

20. FILED _____ 1936 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan. 15, 1936, to Jan. 15, 1936.
I last saw him alive on Jan. 15, 1936. 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:

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance: _____

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 _____, 1936

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) W. P. Kendall, M. D.

(Address) Rich City, 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.

