

MAR 25 1936
5602A

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

Do not use this space.
157529

1. PLACE OF DEATH

County ST. LOUIS Registration District No. 789
Township NORMANBY Central Primary Registration District No. 6033
City WALLSTON (No. 2637 CARSON)

File No. _____
Registered No. 57 St. _____ Ward _____

2. FULL NAME JULIA KENYON

(a) Residence, No. 2637 CARSON St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 JESSE W. KENYON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 18 1849

7. AGE YEARS 83 MONTHS 4 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME DAVID MORLEY

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

MOTHER 15. MAIDEN NAME AMANDA SPRAGGE

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

17. INFORMANT HARRY L KENYON (ADDRESS) 2637 CARSON RD

18. BURIAL, CREMATION, OR REMOVAL PLACE OAK GROVE DATE FEB 18 36

19. UNDERTAKER BAUMANN BROS MORTUARY (ADDRESS) OVERLAND MO

20. FILED 2-17- 19 36 Ada Baechner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1936

22. I HEREBY CERTIFY That I attended deceased from 1928 to Feb 12, 1936

I last saw her alive on Feb 12, 1936 Death is said to have occurred on the date stated above, at 9:15 m.

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

Chronic myocarditis Date of onset _____

Other contributory causes of importance: hypertension & general senility

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

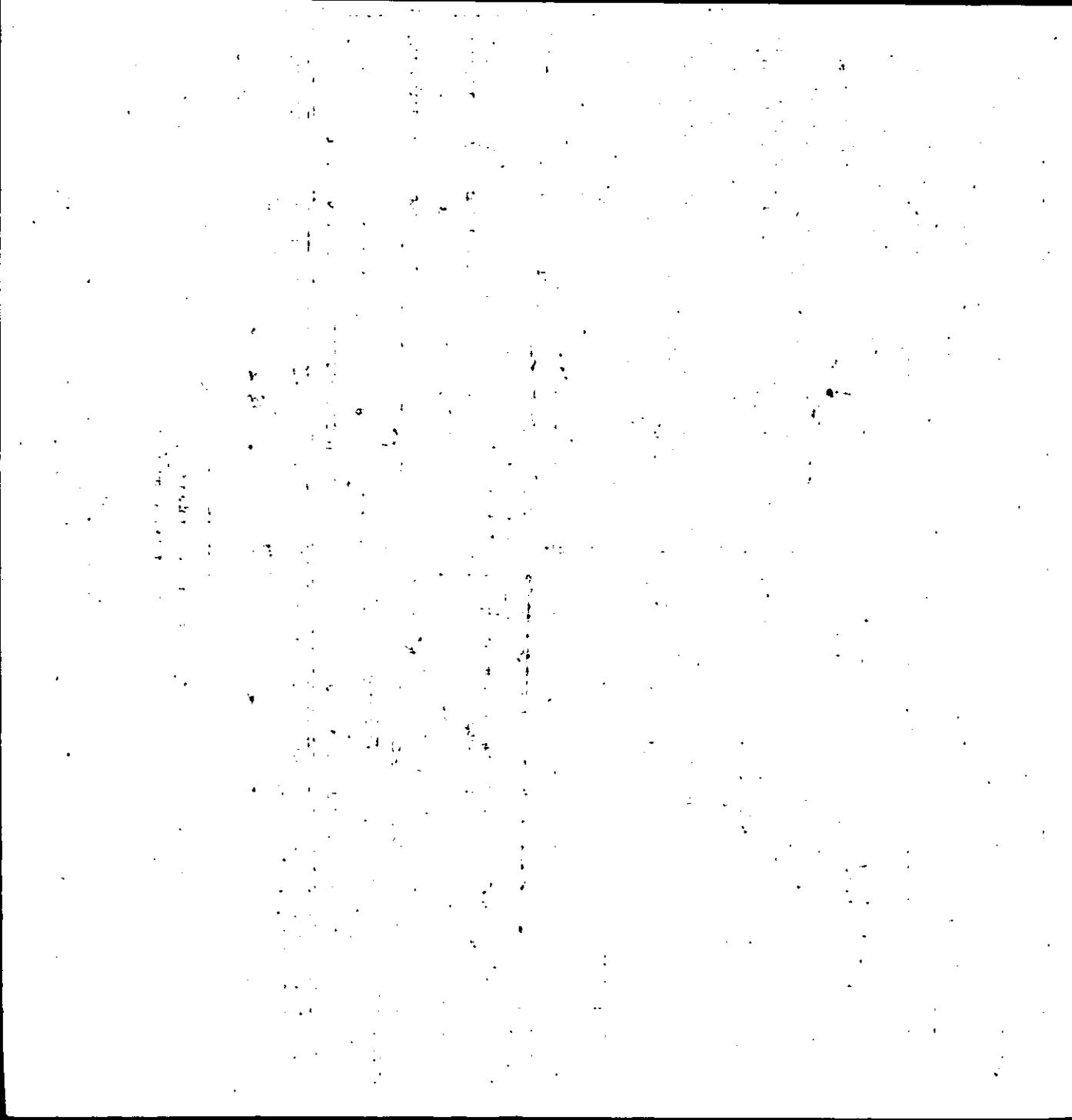
23. If death was due to external causes (accident, fall, etc.) in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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) J. J. Korman M. D.
(Address) 5602 Delmar Ave
St Louis Mo



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

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1. PLACE OF DEATH

County St. Louis
Township Central
City _____ (No. _____, St. _____ Ward _____)

Registration District No. 789
Primary Registration District No. 6033

File No. _____
Registered No. _____

2. FULL NAME

Julia Kennon

(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 _____ 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) W

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.
	<u>87</u>	<u>4</u>	<u>28</u>	

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) _____ 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____

19. UNDERTAKER (ADDRESS)

20. FILED 2-17-36 4-18-36 H. H. Bachmer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 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

Other contributory causes of importance:

Nephritis + general debility
Chronic 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, 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) J. J. Norman, M. D.

(Address) 3607 Delaware St. Louis Mo

SUPPLEMENT

S-7529