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.

APR 15 1936

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 9372
Township — Primary Registration District No. 1001 — Registered No. 377
City St Joseph (No. State Hosp #2 St. Ward)

2. FULL NAME Henry Kenard
(a) Residence, No. St., Ward. Kahoka Mo
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-6-1898
7. AGE: YEARS 38 MONTHS 0 DAYS 3 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Clark Co Mo

FATHER
13. NAME Walter Kenard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee Tenn

MOTHER
15. MAIDEN NAME Rosa Danson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co, Mo

17. INFORMANT (ADDRESS) Records State Hosp St Joseph
18. BURIAL, CREMATION, OR REMOVAL
PLACE State Hosp'l. DATE Mar. 13, 1936
19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. St Joseph Mo
20. FILED 3-13, 1936 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to March 9, 1936
I last saw him alive on March 8, 1936 Death is said to have occurred on the date stated above, at 3:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc	
23	

Other contributory causes of importance: Tuberculous Peritonitis

Name of operation — Date of
What test confirmed diagnosis? X Ray — 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? no
If so, specify
(Signed) Dr Clifton Smith, M. D.
(Address) State Hosp #2 St Joseph Mo