APR 24 1936

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

Do not use this space.

12077

1. PLACE OF DEATH
County: Randolph
Township:
City: Moberly (No. , St. Ward)

Registration District No. 735
Primary Registration District No. 3034

File No.
Registered No. 80

2. FULL NAME: Mrs Kate Kennedy Harran,
(a) Residence, No. 216 S. 4th St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 28 1856

7. AGE: Years 79 | Months 9 | 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.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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): Monroe Co. Mo.

FATHER
13. NAME: Jacob Kennedy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris Ky.

MOTHER
15. MAIDEN NAME: Ann Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calloway Co. Mo.

17. INFORMANT: George Kennedy
(ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Milford Ill. DATE Apr 1st 1936

19. UNDERTAKER: Snow Funeral Home.
(ADDRESS) Moberly, Mo.

20. FILED 3/30 1936 Virginia [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28 36, 19

22. I HEREBY CERTIFY, That I attended deceased from Mch. 11 - 36, to Mch. 28 - 36
I last saw her alive on Mch. 28 - 36, 19 Death is said to have occurred on the date stated above, at 8PM; m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
(Congestive Heart Failure)

Date of onset: yrs.

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Geo. L. E. Huber, M. D.
(Address) Moberly, 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.