

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.

MAY 14 1936

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

Do not use this space.

14470

1. PLACE OF DEATH

County Cedar  
Township Lynn  
City Stockton (No. \_\_\_\_\_)

Registration District No. 165  
Primary Registration District No. 5231

File No. May 1-1936  
Registered No. 161  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |                   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Mrs. A. Kennedy</u> |   |   |                   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>May 18, 1858</u>                         |   |   |                   |  |
| 7. AGE   | YEARS<br><u>77</u>  | MONTHS<br><u>11</u>   | DAYS<br><u>10</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>House work</u>              |   |                   |  |
|  | 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)<br><u>6 Tenn</u>                      |   |   |                   |  |
| FATHER   | 13. NAME<br><u>FitzGerald</u>   |   |                   |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>?</u>  |   |                   |  |
| MOTHER   | 15. MAIDEN NAME<br><u>?</u>   |   |                   |  |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>New Orleans.</u>   |   |                   |  |
| 17. INFORMANT<br><u>Jess. Kennedy</u><br>(ADDRESS) <u>Hennasville, Mo.</u>             |   |   |                   |  |
| 18. BURIAL, CREMATION OR REMOVAL<br>PLACE <u>Old Union</u> DATE <u>April 29, 1936</u>  |   |   |                   |  |
| 19. UNDERTAKER<br>(ADDRESS) <u>H. C. Davis &amp; Co.</u><br><u>Stockton, Mo.</u>       |   |   |                   |  |
| 20. FILED <u>May 1, 1936</u> <u>Mrs. A. L. Brown</u><br>Registrar.                     |   |   |                   |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1936 to April 28, 1936

I last saw h. alive on April 28, 1936 Death is said to have occurred on the date stated above, at 8:00 a. 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 \_\_\_\_\_, 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) H. A. Sumrell, M. D.  
(Address) Stockton, Mo.

