

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

Do not use this space.

JUN 23 1936

16024

1. PLACE OF DEATH

County Mason Registration District No. 547
Township Mason Primary Registration District No. 3079
City Waverly (No. Leavenworth Hospital) St. _____ (Ward) _____

File No. _____
Registered No. 130
St. _____ (Ward) _____

2. FULL NAME Jack Kennedy Haden

(a) Residence, No. New London, Mo. 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 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) Sept. 12 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
7 7 18

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London Mo

13. NAME Kennedy Haden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London Mo

15. MAIDEN NAME Lorena E Rice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County Mo

17. INFORMANT (ADDRESS) Mr. Kennedy Haden New London Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Frankfort Mo DATE 5/1/36

19. UNDERTAKER (ADDRESS) James O'Donnell Waverly Mo

20. FILED May 1 1936 H. B. Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27 1936 to April 30 1936
I last saw him alive on April 30 1936. Death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:

Right Lobar Pneumonia Date of onset 4/27/36

Other contributory causes of importance: 108

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. B. Fisher, M. D.
(Address) Waverly

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

