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.

JUN 22 1936

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

Do not use this space.

19265

1. PLACE OF DEATH

County Howard, Registration District No. 378 File No.

Township Richmond, Primary Registration District No. 5-5-26 Registered No. 38

City (No. , St. Ward)

2. FULL NAME Nellie Lay Kennerly,

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

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: George M. Kennerly.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/9th 1860

7. AGE: 75 YEARS, MONTHS: 11, DAYS: 23. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Missouri

FATHER
13. NAME: Franklin Lay.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia,

MOTHER
15. MAIDEN NAME: Charlotte Carter,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

17. INFORMANT (ADDRESS): Mrs Will Berkley. Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cemetary DATE: 5/4th 1936, 19

19. UNDERTAKER (ADDRESS): Guy T. Halley. Fayette, Mo.

20. FILED June 8, 1936 V. A. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/2nd 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from 19, to 5-2, 1936

I last saw her alive on 5-2, 1936. 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
Coronary occlusion	4-13-36
94	

Other contributory causes of importance:

Cardiac decompensation from infarction	4-16-36

Name of operation: none Date of

What test confirmed diagnosis? E.K.G. 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? no
If so, specify
(Signed) Wm J. Shaw, M. D.
(Address) Fayette, Mo