

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.

24 1936

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

Do not use this space.

22773

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. Wesley Hospital)

File No. 2687

Registered No. 2687

St. _____ Ward _____

2. FULL NAME Ross Moore Kennedy

(a) Residence, No. 7127 Agnes Ave. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day. hrs. or min. 71 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Printer
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) Ohio

13. NAME Robert Kennedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Sarah Wade

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. R. J. Baker 7127 Agnes Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasanton, Ks. DATE 6-30-36

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel Kansas City, Mo.

20. FILED 6/3 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1936

22. I HEREBY CERTIFY that I attended deceased from May 22, 1936 to June 3, 1936. I last saw him alive on June 2, 1936. Death is said to have occurred on the date stated above, at 3 P. M. The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum

Other contributory causes of importance:

Broncho-Pneumonia

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? No
If so, specify _____

(Signed) M. M. Brown, M. D.

(Address) 333 Katherop Bldg.

Dr P. N. Johnson
117 W 69th Terr.