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

Do not use this space.

25865

AUG 17 1936

1. PLACE OF DEATH
County Cass
Township W. Peculiar
City Peculiar (No. ..... , ... St. ..... Ward)

Registration District No. 162
Primary Registration District No. 5227

File No. .....
Registered No. .....

2. FULL NAME Ida Dudley Kenrick

(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 63 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C Kenrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 - 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Maker
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) Peculiar, Mo

FATHER

13. NAME Moses T Dudley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Sarah Emily Wills
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peculiar, Mo.

17. INFORMANT (ADDRESS) Mrs Rolla Dunham Peculiar Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wills Cemetery DATE ..... 19..

19. UNDERTAKER (ADDRESS) Runnenburger Bros Red Harrisonville Mo.

20. FILED July 7, 1936 Martin V Robbins M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1936, to July 5, 1936
I last saw her alive on July 5, 1936. Death is said to have occurred on the date stated above, at 11:15 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset ?

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Other contributory causes of importance:
Hypertension
Edema Brain

Name of operation ..... Date of .....
What test confirmed diagnosis? Urinalysis 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) Martin V Robbins, M. D.
(Address) Peculiar, 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.

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