

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

Do not use this space.

27704

AUG 28 1936

1. PLACE OF DEATH

County Ray Registration District No. 743 File No. _____
 Township Fishing River Primary Registration District No. 6237 Registered No. 66
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William R. Kendall

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Ann Kendall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/9/1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	85	10	7	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) Ray Co. (STATE OR COUNTRY) Mo

FATHER 13. NAME Benjamin Kendall

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

MOTHER 15. MAIDEN NAME Mary McCoy

16. BIRTHPLACE (CITY OR TOWN) Ray Co. (STATE OR COUNTRY) Mo

17. INFORMANT Mary Woodruff (ADDRESS) Camden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE 7/19/36 19. _____

19. UNDERTAKER C. V. Gibson (ADDRESS) Orrick, Missouri

20. FILED 8/10 1936 Debate Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1935 to July 16 1936

I last saw him alive on July 2 1936. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Face
Left side -
Bones, skin and
Eye involved

Other contributory causes of importance:
Senile dementia - 19
Arterio Sclerosis 8

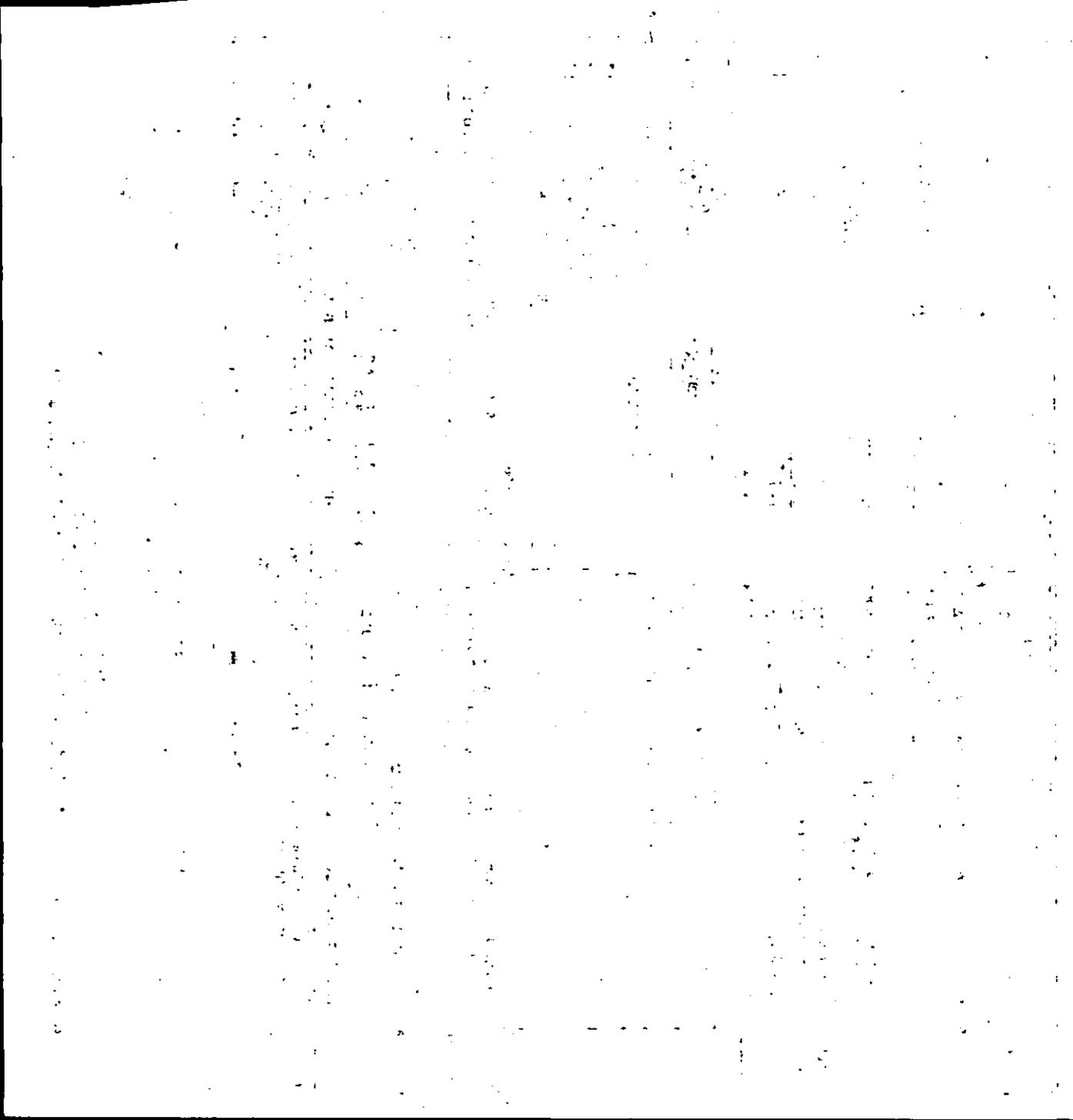
Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. H. Sheets M. D.
 (Address) Orrick Mo



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Franklin Registration District No. 0 743
 Township Fishery River Primary Registration District No. 6237
 City Wm R. Kendall (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or
85 10 7

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 8/10 1936 Atwater Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him/her alive on _____, 19____. 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:

Carcinoma, Face
Left side
Boles skin and eye
involved
Primary site, Side left, nose
 Other contributory causes of importance:
Squamous cell
epitheloma of nose - 8/11

Date of onset

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) Robt. Sheets, M. D.
 (Address) Archie, Iowa

SUPPLEMENTAL

S-27704

RECEIVED