

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.

AUG 18 1936

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

Do not use this space.

29113

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City: ST. LOUIS (No. ALEXIAN BROS. HOSP.)

File No.
Registered No. 7889
St. Ward)

2. FULL NAME

JOHN KENNEDY
(a) Residence, No. 2663 LINDENWOOD BL. 3 Ward.

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) WIDOWER
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY T. KENNEDY		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 4 1853		
7. AGE 82	YEARS 8	MONTHS 30
		DAYS 30
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Koi-C.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DOORMAN RET.
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

13. NAME JOHN KENNEDY

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT JOSEPH P. KENNEDY
(ADDRESS) 2663 LINDENWOOD BL.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVEY DATE July 27 1936

19. UNDERTAKER LARRY MULLEN UND. CO
(ADDRESS) 5165 DELMAR BLVD.

20. JUL 25 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 24 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3 - 1936 to July 25 1936. I last saw him alive on July 24 1936. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia
107a

Other contributory causes of importance:
① Hypertension of Prostate
② Focal Heart Lesions

Name of operation: Ept. tons. Date: July 6 1936
What test confirmed diagnosis? Chest X-ray. 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. S. Morse, M. D.
(Address) 729 1/2 Ave. B

Donnell Moore
Fresno Bldg
1031
Ch 8218

ASSOCIATED

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