

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

Do not use this space.

**JUL 29 1936**

**29621**

**1. PLACE OF DEATH**

County Vernon  
Township \_\_\_\_\_  
City Nevada (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 875  
Primary Registration District No. 3039

File No. \_\_\_\_\_  
Registered No. 185

**2. FULL NAME**

Mrs. A. B. Kennedy  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 5 2

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.  
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) Tex.

FATHER  
13. NAME Benjamin Baugh

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

MOTHER  
15. MAIDEN NAME Elizabeth

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

17. INFORMANT (ADDRESS) Mrs. P. B. Jacobs Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moses DATE July 4, 1936

19. UNDERTAKER (ADDRESS) Beckinger Funeral Home Nevada, Mo.

20. FILED 7/3 1936 M. Cichinger Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY That I attended deceased from July 20, 1936, to July 3, 1936. I last saw him alive on July 1, 1936. Death is said to have occurred on the date stated above, at 3 1/2 pm. The principal cause of death and related causes of importance were as follows:

Chronic Intestinal Nephritis  
1/3/1  
Other contributory causes of importance: Arteriosclerosis  
Date of onset \_\_\_\_\_

Name of operation Retired Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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? \_\_\_\_\_ If so, specify \_\_\_\_\_ (Signed) J. H. Roberts, M. D. (Address) \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Physicians should state EXACTLY. PHYSICIANS should state EXACTLY. DO NOT use this space.

