

NOV 22 1936

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

Do not use this space.

37021

1. PLACE OF DEATH

County Cass Registration District No. 15th  
Township Camp Branch Primary Registration District No. 4088  
City Garden City, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Jubinta Paul Kenagy  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

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) Garden City, Mo.

13. NAME Charles Alden Kenagy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muskogee, Okla.

15. MAIDEN NAME Verna Fay Lovell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austin, Mo.

17. INFORMANT Mr. Chas. Kenagy  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Garden City, Mo. DATE Oct 27, 1936

19. UNDERTAKER J. M. Rauffman  
(ADDRESS)

20. FILED Oct 27 1936 Geo. W. Tupper  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1936 to Oct 26, 1936

I last saw her alive on Oct 26, 1936. Death is said to have occurred on the date stated above, at 10 a.m.

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

Infarction of myocardium  
& Malnutrition  
Date of onset 1936

Other contributory causes of importance: Diarrhea 11 days

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
Was a post-mortem diagnosis made? \_\_\_\_\_ Autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury No

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) Geo. W. Tupper, M. D.

(Address) Garden City, 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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