

NOV 28 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Jasper
City Webb City (No.)

Registration District No. 417
Primary Registration District No. 3071

File No. 38088
Registered No. 93
St. Ward

2. FULL NAME

Veroy P. Kennett
(a) Residence, No. 2120 W. Malena St., Ward.

(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 Male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 9 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. truck driver

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) Monroe, Mo.

13. NAME Robert Kennett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data

15. MAIDEN NAME no data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data

17. INFORMANT Marie Kennett (wife)

(ADDRESS) Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crestvale Cemetery DATE Oct 8 1936

19. UNDERTAKER Hedge-Walker Funeral Home

(ADDRESS) Webb City, Mo.

20. FILED 10-8 1936 J. R. Orange Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1936 to Oct 7 1936

I last saw him live on Oct 7 1936. Death is said to have occurred on the date stated above, at 7:45 P.M.

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

Fractured 1st cervical vertebra Date of onset 2:10 P.M.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Oct 6 1936

Where did injury occur? 11th street Webb City, Mo.

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

Manner of injury fall from height

Nature of injury fractured 1st cervical vertebra

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. J. Taylor M. D.

(Address) Webb 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.

