

DEC 18 1936

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

Do not use this space.

40593

1. PLACE OF DEATH

County Cape Girardeau
Township "
City Cape Girardeau (No. 516 North Middle St. " Ward)

Registration District No. 120
Primary Registration District No. 3009

File No. "
Registered No. 596

2. FULL NAME Lorenzo Hugh Kendrick

(a) Residence, No. 516 North Middle St., " Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Agnes Snodell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 30, 1856</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>7</u>	DAYS <u>17</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Steam</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Engineer</u>
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Genevieve
(STATE OR COUNTRY) County, Mo.13. NAME John Kendrick14. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)17. INFORMANT C. E. Kendrick
(ADDRESS) Cape Girardeau, Mo.18. BURIAL, CREMATION, OR REMOVAL Cent.
PLACE Memorial Park DATE Nov. 20 193619. UNDERTAKER Haman's Funeral Home
(ADDRESS) Cape Girardeau, Mo.20. FILED 11-17-36 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27 193622. I HEREBY CERTIFY, That I attended deceased from Nov 14th, 1936, to Nov 17th, 1936I last saw him alive on Nov 17th, 1936 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Chronic myocarditis

Other contributory causes of importance:

DecompensationName of operation None Date of "
What test confirmed diagnosis? " Was there an autopsy? no23. 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? no
If so, specify J. F. Cochran, M. D.(Signed) J. F. Cochran, M. D.
(Address) Cape Girardeau, 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.

