

FEB 17 1937

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

Do not use this space.

1900

1. PLACE OF DEATH

County Jasper
Township Parcoche
City Parcoche (No.)

Registration District No. 416
Primary Registration District No. 5571B

File No.
Registered No.
St. Ward

2. FULL NAME

Jackie Lee 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 OF RACE W 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) Jan 23 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min. 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Parcoche K.F.D. (STATE OR COUNTRY) Mo

13. NAME Grant Kennedy

14. BIRTHPLACE (CITY OR TOWN) Manfield (STATE OR COUNTRY) Mo

15. MAIDEN NAME Genevive Shore

16. BIRTHPLACE (CITY OR TOWN) Newton (STATE OR COUNTRY) Mo

17. INFORMANT Grant Kennedy (ADDRESS) Parcoche Mo

18. BURIAL, CREMATION, OR REMOVAL Parcoche Cem DATE Jan 25 37

19. UNDERTAKER Angelene Howard (ADDRESS) Parcoche Mo

20. FILED 1/24 1937 Leroy Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 23 1937 to Jan 24 1937. I first saw him alive on Jan 23 1937. Death is said to have occurred on the date stated above, at 1:00 p.m.

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

Premature birth - 6 1/2 months gestation

Date of onset

Other contributory causes of importance

157

Name of operation Date of

What test confirmed diagnosis? 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) Leroy Simmons M. D.
(Address) Parcoche 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.

