FEB 23 1937

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

Do not use this space.

File No. 2902
Registered No. 6

1. PLACE OF DEATH
County St. Louis
Township Ferguson Town
City Ferguson (No. 106 Tiffin Ave. St. Ward)
Registration District No. 333
Primary Registration District No. 4468

2. FULL NAME Robert O. Kennard.
(a) Residence, No. 106 Tiffin Ave. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret L. Kennard.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1850.
7. AGE: Years 87 | Months 8 | Days 28 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired.
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) Columbia, Missouri.

FATHER
13. NAME Jessee Kenard.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

MOTHER
15. MAIDEN NAME Raechel C. Heney.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

17. INFORMANT Mrs. Robert O. Kennard Jr.
(ADDRESS) 106 Tiffin Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE Jan. 14, 1937
19. UNDERTAKER Geo. L. Pleitsch Inc.
(ADDRESS) 5966 Easton Ave.
20. FILED 1-12, 1937 W. A. Zeitler Registrar.
Geo. L. Smith

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1937
22. I HEREBY CERTIFY, That I attended deceased from 2-5-, 1932, to 1-12-, 1937
I last saw him alive on 1-12-, 1937. Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 12-20-36 |
| | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| chr. nephritis | 1925 |
| Arterial Sclerosis | 1920 |
| chr. Myocarditis | 1930 |

Name of operation no Date of —
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) Roy Johnson, M. D.
(Address) Ferguson, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD