APR 9 1937

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. 10605

Township ..... Primary Registration District No. 1003 Registered No. 3179

City St. Louis (No. 5926 McPherson Ave. St. ..... Ward)

**2. FULL NAME** Michael D. Kennedy

(a) Residence, No. 5926 McPherson Ave. St., 5 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: 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: Elizabeth R. Kennedy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 20, 1867

7. AGE: 69 YEARS, 6 MONTHS, 2 DAYS. If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk U.S. Govt.
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): St. Louis Mo.

FATHER
13. NAME: Andrew Kennedy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Mary Griffin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Elizabeth Kennedy, 5926 McPherson Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemt. DATE: 3-24, 1937

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly, 3840 Lindell Blvd.

20. MAR 23 1937 19 J. F. Bredeck, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to 3-22, 1937
I last saw him alive on 3-21, 1937 Death is said to have occurred on the date stated above, at 9,40 A.M. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver and gall bladder primary seat in liver — Date of onset: No 1/36

Other contributory causes of importance:

46E

Name of operation: None Date of ——
What test confirmed diagnosis? X Ray 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) R. Emmer Kane, M. D.
(Address) 1117 N Grand

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.

1117 N Grand

2-4 Pm