

MAY 21 1937

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

Do not use this space.

16718

File No. _____
Registered No. 32

1. PLACE OF DEATH

County *Jefferson* Registration District No. *421*
Township *Jefferson* Primary Registration District No. *3575*
City (No. _____) St. _____ Ward (_____)

2. FULL NAME

Laura William 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? *9* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 24 - 1860*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 2 14

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. *house work*

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) *Douglas Co. Mo*

13. NAME *William Jones*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Luther Kennedy*
(ADDRESS) *Herculaneum Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACED *Herculaneum 4-9-1937*

19. UNDERTAKER *Fink and Co*
(ADDRESS) *Justice Mo*

20. FILED *4/8, 1937* *J. E. Rutledge M. S. Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-7, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *4/5, 1937* to *4/7, 1937*, 1937

I last saw him alive on *Apr 7, 1937*. Death is said to have occurred on the date stated above, at *6 P. m.*

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

Carcinoma of Cardiac portion Stomach. Date of onset _____

Other contributory causes of importance: *Ho*

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? _____ 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.

Nature of injury _____

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

If so, specify _____

(Signed) *August Deering* M. D.

(Address) *Herculaneum Mo*

