Rw 0024

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 36584

Township Kaw — Primary Registration District No. 1002 — Registered No. 4013

City Kansas City (No. St. Lukes Hosp, St. Ward)

2. FULL NAME Daniel V. Kennedy

(a) Residence, No. 111 South Monroe 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: 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: Frances Kennedy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31, 1872

7. AGE: 2 — YEARS: 65 — MONTHS: 2 — DAYS: 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired S.W. Bell
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Telephone
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): New York

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Frances Kennedy, 111 South Monroe

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo. DATE Oct. 7, 1937

19. UNDERTAKER (ADDRESS): D.W. Newcomer's Sons

20. FILED Oct 6, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1937, to October 5, 1937
I last saw him alive on October, 1937. Death is said to have occurred on the date stated above, at 9:05P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	9/26/37

Other contributory causes of importance: 108

Name of operation: ✓ Date of: ✓
What test confirmed diagnosis? Was there an autopsy? Yes

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) P. T. Bohan, M. D.
(Address) Med Arts Bldg K.C. 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.

Medical Arts Bldg.