NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Caldwell
Township: Gomer
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 96
Primary Registration District No. 0148

File No. 37282
Registered No. 34

2. FULL NAME: Elton Solomon Kennie

(a) Residence, No. ..... 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 23 1899

7. AGE: Years 46 Months 2 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
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): Caldwell Co. Missouri

FATHER
13. NAME: Marshall B Kennie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER
15. MAIDEN NAME: Stella Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caldwell Co Missouri

17. INFORMANT (ADDRESS): M. B. Kennie, Hamilton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Highland Cemetery DATE: Oct 11 1937

19. UNDERTAKER (ADDRESS): G R Houghton, Hamilton

20. FILED: Oct 11 1937 Merle Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1937, to Oct 9 1937, I last saw him alive on Oct 9 1937. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis Acute.	

Other contributory causes of importance:

Mitral insufficiency.

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy exp 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? .....
If so, specify .....
(Signed) Lee Eads, M. D.
(Address) Hamilton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.