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.

ISOLATION HOSPITAL

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

Do not use this space.

39736

DEC 13 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 1

Township ..... Primary Registration District No. 1003

File No. .....

Registered No. 10723

City St Louis Mo. (No. ....., ... St. ..... Ward)

2. FULL NAME Helen Kennedy

(a) Residence, No. 2825 Bernard St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. 4 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 19th 1894

7. AGE: 37

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf.

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: Johnie Jones.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee.

MOTHER

15. MAIDEN NAME: Lula Lee.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT (ADDRESS): Stella Grady. 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood DATE 11/20 1937

19. UNDERTAKER (ADDRESS): A. Russell Wild Co 2732 Pine Blvd

20. FILED NOV 20 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1937, to Nov. 17, 1937

I last saw her alive on Nov. 17, 1937 Death is said to have occurred on the date stated above, at 1:45 P.m.

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

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Intestinal Tuberculosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Yes Was there an autopsy? .....

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) Geo. R. Bozalis M. D., M. D.

(Address) .....