

DEC 21 1937

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

Do not use this space.

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41744

1. PLACE OF DEATH

County Lawrence  
Township Mt. Vernon  
City Mt. Vernon

Registration District No. 4761  
Primary Registration District No. 57633  
State Mo.

File No. \_\_\_\_\_  
Registered No. 113-  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Henry Kennedy

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Aurora, Mo.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. 15 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 Mrs J H Kennedy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 13-1909

7. AGE YEARS 28 MONTHS 1 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Aurora Mo

13. NAME Chas H Kennedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweet Springs Mo.

15. MAIDEN NAME Jenny Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Mo

17. INFORMANT (ADDRESS) Mr Michael Record Ch  
Mo State San

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo DATE Nov. 9 1937

19. UNDERTAKER (ADDRESS) Callaway Funeral Home  
Monett, Mo.

20. FILED Nov. 7 1937 P. A. Robres Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1937

22. I HEREBY CERTIFY, That I attended deceased from July 22 1936, to Nov 7 1937.  
First saw him alive on Nov 7 1937. Death is said to have occurred on the date stated above, at 3:25 P.m.

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

Pulmonary Tuberculosis 1937

Other contributory causes of importance: \_\_\_\_\_

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.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) R. H. Runde, M. D.  
(Address) Mt. Vernon, Mo.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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.

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