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.

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

Do not use this space.

2138

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 119

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Martin Kennedy 530

(a) Residence, No. Buchanan County Infirmary St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 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) About 1865.

7. AGE: About 73 — YEARS — MONTHS: ? — DAYS: ? — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.B.& Q.R.R.

10. Date deceased last worked at this occupation (month and year) 1913.

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joliet Illinois

FATHER

13. NAME Martin Kennedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Cork Ireland

MOTHER

15. MAIDEN NAME Anna Lawlor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Kilkenney Ireland

17. INFORMANT (ADDRESS) Margaret Kennedy -Mo. 1007½ Fredrick Ave. St. Joseph

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
PLACE St. Joseph, Mo. DATE Jan. 31, 1938

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED 1/31 1938 H. J. Hettebusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1938, to Jan. 29, 1938

I last saw him alive on Jan 29, 1938 Death is said to have occurred on the date stated above, at 7:40P.m.

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

Diabetes Mellitus

Date of onset

RECEIVED FEB 21 1938 59

Other contributory causes of importance:

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Name of operation none Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) Albert H. Muench M. D.

(Address) 215 R&S. Bldg St. Joseph, Mo.