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.

REC'D MAR 15 1938

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

Do not use this space.

6408

1. PLACE OF DEATH
County Cedar 2 1 Registration District No. 163 File No.
Township Box Primary Registration District No. 5228 Registered No. 15
City (No. St. Ward)

2. FULL NAME Susan Kennedy 530
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Kennedy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27-1851
7. AGE YEARS 86 MONTHS 5 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General housework
10. Date deceased last worked at this occupation (month and year) Jan. 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills 1

FATHER
13. NAME Wm Moore 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

MOTHER
15. MAIDEN NAME Margaret McIntyre
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. George Huff
(ADDRESS) Eldorado Springs Mo. R4
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebeck DATE 2-10- 1938
19. UNDERTAKER Swinn-Siders
(ADDRESS) Eldorado Springs Mo
20. FILED 2-9- 1938 J W Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1938.
22. I HEREBY CERTIFY, That I attended deceased from February 8, 1938, to Feb. 8, 1938.
I last saw her alive on February 8, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease.	
92 a	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? None 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 — 1

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. R. Williams, M. D.
(Address) Eldorado Springs