

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

Do not use this space.

REC'D AUG 3 4 1938

1. PLACE OF DEATH

County Dunklin
Township Clay
City Harrisonville (No. _____)

Registration District No. 287
Primary Registration District No. 5405

File No. 25244
Registered No. 12
St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 18

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

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) Harrisonville Mo.

13. NAME Paul Kennedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesboro Ark.

15. MAIDEN NAME Charlaine Killian

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

17. INFORMANT (ADDRESS) Paul Kennedy Harrisonville Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisonville DATE July 16, 1938

19. UNDERTAKER (ADDRESS) E. Merach Harrisonville Mo.

20. FILED 8/10 19 38 E. D. Cape Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1938

22. I HEREBY CERTIFY That I attended deceased from 7-16 1938 to 7-14 1938

I last saw her alive on 7-13 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Colitis Date of onset 7-10-38

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) E. D. Cape M. D.

(Address) Harrisonville - Ark.

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.

