

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

Do not use this space.

REC'D FEB 27 1939

1. PLACE OF DEATH
 County Randolph Registration District No. 135
 Township Jugop Creek Primary Registration District No. 3034
 City Moberly (No. Woodland Hospital) St. _____ Ward) _____
 530
 2. FULL NAME LOIS KENNEDY
 (a) Residence, No. Woodland Hosp. St. _____ Ward. Brunswick Mo.
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	58	9	15	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hawmox
 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) Brunswick Mo

FATHER
 13. NAME A. G. Kennedy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER
 15. MAIDEN NAME Anna E. Plummer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynchburg Va

17. INFORMANT Miss Edna Kennedy
 (ADDRESS) Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Brunswick Mo DATE Jan 5 1939

19. UNDERTAKER L. W. Bessie
 (ADDRESS) Brunswick Mo

20. FILED Jan 4 1939 Ethel G. Galt
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1939 to Jan 3 1939
 I first saw her alive on Jan 3 1939. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:
Intestinal obstruction Date of onset _____
Probably due to _____
carelessness of _____
bowel. _____
 Other contributory causes of importance: Hb _____
Myocarditis _____
Cardiac valvular _____
insufficiency _____
 Name of operation None Date of _____
 What test confirmed diagnosis? Cholec. 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) Harry E. Tatum, M. D.
 (Address) Brunswick Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-196

Date Filed FEB 7 1939
