

REC'D MAR 15 1939

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

Do not use this space.

6273

1. PLACE OF DEATH

25 County Clinton Registration District No. 207 File No. 27
4 Township Plattsburg Mo Primary Registration District No. 4125- Registered No. 6
0 City Plattsburg Mo (No. _____) St. _____ Ward _____

2. FULL NAME

530 Ernie Kennedy
(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? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 8 10

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

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) Ireland

13. NAME Hugh Mallen

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

15. MAIDEN NAME Rose McKennedy

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

17. INFORMANT Joe Kennedy
(ADDRESS) Carson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Feb 18 1939

19. UNDERTAKER O'Brien - Lyon
(ADDRESS) Plattsburg Mo.

20. FILED Feb 17 1939 Ernie Chastain
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938, to Feb. 15, 1939

I last saw him alive on Feb 15, 1939. Death is said

to have occurred on the date stated above, at 10 A.m.

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

Broncho Pneumonia Feb 13-39 Date of onset

Other contributory causes of importance: Cerebral Apoplexy Dec 31-38

Name of operation none Date of _____

What test confirmed diagnosis in 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) W. S. Spalding, M. D.

(Address) Plattsburg 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.

WHILE PLAINLY, WITH CAPTIONED INSTRUMENTS IS A PERMANENT RECORD

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RECEIVED

District Health Officer No. 11,

District Office No. 39-124

Date Recd. MAR 10 1939