

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL - 9 1939 AUG 7 1939

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

**26751**  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township Clayton Primary Registration District No. 101 Registered No. 1218  
 or Clayton  
 (c) City Clayton (d) Street No. St. Louis County Hospital St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Isaac Kennedy  
 (a) Residence, No. Booker & Etzel, S. Kinloch, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. ?

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80? ? ?

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.  
 9. Industry or business in which work was done, as 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) N. Carolina

FATHER 13. NAME Daniel Kennedy  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

MOTHER 15. MAIDEN NAME Liza ?  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT son, Albert Kennedy  
 (ADDRESS) Booker & Etzel, S. Kinloch, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Washington Park DATE 7/8/39

19. FUNERAL DIRECTOR (NAME) Mary Wade  
 (ADDRESS) 2202 Finney Ave.

20. FILED JUL - 9 1939 DR Myers  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6-39

22. I HEREBY CERTIFY, That I attended deceased from 6-24-39, 1939 to 7-6-39, 1939.  
 I last saw him alive on 7-6-39, 1939. Death is said to have occurred on the date stated above, at 5:55A. M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Generalized Arterio-sclerosis  
Senescence

Date of onset 6/24/39

Other contributory causes of importance: 87 a 1

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) James David, M. D.  
 (Address) St. Louis County Hospital

