27799

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

AUG 28 1936

Do not use this space.

317

1. PLACE OF DEATH
County St Francois
Township St Francois
City Esther (No. , St. Ward)
Registration District No. 774
Primary Registration District No. 6018 B
File No. 296
Registered No.

2. FULL NAME Anna Mae Kennon
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Homer Kennon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7th 1887
7. AGE YEARS 48 MONTHS 8 DAYS 9 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. own home
10. Date deceased last worked at this occupation (month and year) 7-16-36
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Genevieve Co Mo.

FATHER
13. NAME Wm Alexander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Genevieve Co Mo.

MOTHER
15. MAIDEN NAME Jane Myers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Homer Kennon
(ADDRESS) Esther Mo.

18. BURIAL, CREMATION, OR REMOVAL K of P Cemetery St Francois DATE 7-18 1936
19. UNDERTAKER Cashwell Bros
(ADDRESS) Flat River, Mo.
20. FILED 7/22 1936 C B Farrar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 1935, to 1 May 1936
I last saw her alive on 10 of May 30 1936 Death is said to have occurred on the date stated above, at 5 30 a.m.
The principal cause of death and related causes of importance were as follows: Coronary artery sclerosis Angina pectoris
Date of onset unk
JHA
Other contributory causes of importance: Cholecystitis

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) Harold O Gaebe M. D.
(Address) Desloge 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.