

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

Do not use this space.

16674₃₀₂

MAY 27 1936

1. PLACE OF DEATH

County St. Francois Registration District No. 774
Township St. Francois Primary Registration District No. 6018B
City Bonny Terre Hospital St. _____ Ward _____

File No. 302
Registered No. _____

2. FULL NAME

Lloyd Kennon
(a) Residence, No. Esther 380 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 Male 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 1

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26th 1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
18 8 10

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. Driving Truck
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) Moreau, Mo.

13. NAME James Kennon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry, Mo.

15. MAIDEN NAME Florea Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moreau, Mo.

17. INFORMANT (ADDRESS) James Kennon, Father, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 4-8-36

19. UNDERTAKER (ADDRESS) Caldwell Bros, Flat River, Mo.

20. FILED 4-27 1936 B. Starr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6 1936

22. I HEREBY CERTIFY That I attended the deceased hell as inquest on deceased
last seen alive on April 6th 1936 Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

Jury's Verdict: Death as the result of a gunshot wound at the hands of Tom Arnold

Other possible causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? gunshot Date of injury 3-28-36

Where did injury occur? Lebanon, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place (drinking place)

Manner of injury gunshot wound in

Nature of injury abdomen

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Eleana Proverka

(Address) Coronal St. Francois County Farmington, 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.

