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

Do not use this space.

39144

File No. C.S.M.
Registered No. 1537

1. PLACE OF DEATH
County: Greene
Township: J. A. Campbell
City: Springfield (No. R # 3 St. Ward)
Registration District No. 318
Primary Registration District No. 6440

JAN 19 1931

2. FULL NAME: John Albert Kennamon
(a) Residence. No. R # 3 (Usual place of abode) 1717 S. Boulevard Ward.
(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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Kennamon
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 20 1887
7. AGE: Years 42 | Months 11 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Electric Contractor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: J. J. Kennamon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Lizzie Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Malinda Kennamon
(Address) Emma Fulbright
15. FILED 12/17 yr. 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1930
17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..... that I last saw him alive on Dec 14, 1930, and that death occurred, on the date stated above, at 3 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carbon monoxide poisoning, accidental
In closed garage with car running while working at home
(Duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1 hr
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? in attendance
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? CO Hemoglobin in blood
(Signed) Norman C. Stone Coroner, M. D.
12/16, 1930 (Address) Springfield, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cedar Grove | DATE OF BURIAL: Dec 16 1930
20. UNDERTAKER: M. H. Kimmey | ADDRESS: Springfield Mo

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.