

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

PLACE OF DEATH, DIST. **1970**

(To be inserted by Registrar)

County of **Los Angeles**City or Town of **Altadena**or Rural Registration District **Altadena**

California State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

26-024441

Local Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME **MINNIE E. KENNEDY**

PERSONAL AND STATISTICAL PARTICULARS

SEX **Female** COLOR OR RACE **White** SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **Married**If married, widowed, or divorced HUSBAND of (or) WIFE of **Robert M. Kennedy**DATE OF BIRTH **September 18 1858**AGE **67** years **5** months **2** daysOCCUPATION (a) Trade, profession, or particular kind of work **At home**
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (State or country) **New York**NAME OF FATHER **Rev. George Hastings**BIRTHPLACE OF FATHER (city or town) **N. Y.**MAIDEN NAME OF MOTHER **Jennie Bellinger**BIRTHPLACE OF MOTHER (city or town) **Pa.**LENGTH OF RESIDENCE **8** years **6** months **6** days

At Place of Death (Primary registration district) (If nonresident, give city or town and state)

In California **8** years **6** months **6** daysHow long in U.S., if of foreign birth? **years months days**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) **Mr. Robert M. Kennedy**(Address) **Pasadena, Calif.**

MAY 21 1926

WARREN F. FOX, M.D.

Registrar of Death

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **May 20 1936**I HEREBY CERTIFY, That I attended deceased from **May 17 (June 1926)** to **May 20 1936** and that I last saw him alive on **May 19 1936** and that death occurred on the date stated above at **8:30 a.m.** The CAUSE OF DEATH* was as follows:**Carcinoma Kidney**(Duration) **years months days**Contributory **Hypertension, Obese in Rt. Kidney**(Duration) **years months days**

Where was disease contracted

If not at place of death? **Unknown**Did an operation precede death? **No** Date ofWas there an autopsy? **No** **but abdomen found carcinoma**What test confirmed diagnosis? **Autopsy**(Signed) **Dayton B. Holcomb** M.D.May 21 1936 (Address) **565 N. 1st St.**

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

PLACE OF BURIAL OR REMOVAL **Mt. View** DATE OF BURIAL **May 24 1936**UNDERTAKEN **TURNER & STEVENS CO.** EMBALMER'S LICENSE No.ADDRESS **Pasadena, Calif.** **1021**This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.
MARK B HORTON, MD, MSPH, Director and State Registrar of Vital Records by:DATE ISSUED **OCT 21 2010***Linette T Scott*LINETTE T SCOTT, MD, MPH, DEPUTY DIRECTOR
HEALTH INFORMATION AND STRATEGIC PLANNING DIVISIONThis copy not valid unless prepared on engraved border displaying seal and signature of the Deputy Director.
(Rev) 11/08