

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

649
30728

1. PLACE OF DEATH

STATE OF TEXAS

COUNTY OF Harris

CITY OR PRECINCT NO. #2, Pasadena, Texas

Pasadena Hospital

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF DECEASED Sherman M. Kennedy

1. LENGTH OF RESIDENCE WHERE DEATH OCCURRED YEARS MONTHS DAYS (SOCIAL SECURITY NO.)

RESIDENCE OF THE DECEASED STREET AND NO. 225 W. Broadway CITY Pasadena COUNTY Harris STATE Texas

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White

17. DATE OF DEATH July 31, 1945

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) Married

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM January 1945 TO July 31, 1945

6. DATE OF BIRTH November 13, 1877

I LAST SAW HIM ALIVE ON July 31, 1945

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY HOURS MIN

THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 12:30 P.M.

8A. TRADE, PROFESSION OR KIND OF WORK DONE Retired

THE PRIMARY CAUSE OF DEATH WAS

8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Professional Golfer

Acute Heart Failure

9. BIRTHPLACE (STATE OR COUNTRY) Connaught, Ohio

CONTRIBUTORY CAUSES WERE Asthma

10. NAME B. F. Kennedy

bronchial

11. BIRTHPLACE (STATE OR COUNTRY) Ohio

12. MAIDEN NAME Clara Ellen Fenton

13. BIRTHPLACE (STATE OR COUNTRY) Ohio

14. SIGNATURE [Signature] ADDRESS Pasadena, TEXAS

IF NOT DUE TO DISEASE, SPECIFY WHETHER ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF OCCURRENCE

PLACE OF OCCURRENCE

15. PLACE OF BURIAL OR REMOVAL Forest Park Cemetery TEXAS

MANNER OR MEANS IF RELATED TO OCCUPATION OF DECEASED, SPECIFY

DATE August 1, 1945

16. SIGNATURE Pasadena Funeral Home #476

SIGNATURE [Signature] M.D.

ADDRESS Pasadena, TEXAS

ADDRESS 406 So Shaver St Pasadena, TEXAS

20. FILE NUMBER FILE DATE Aug 1st 1945

SIGNATURE OF LOCAL REGISTRAR Thas J. Deaky

POSTOFFICE ADDRESS Houston Texas TEXAS



NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE