

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

Do not use this space.

14342

1. PLACE OF DEATH

County Butler Registration District No. 89 File No. _____
 Township _____ Primary Registration District No. 3007 Registered No. 127
 City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME

Archie Kinmel

(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 M 4. COLOR OR RACE colored 5. SINGLE, MARRIED-WIDOWED OR DIVORCED single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>30</u>	<u>no</u>	<u>no</u>	<u>27</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Batesville
 (STATE OR COUNTRY) Ark.

PARENTS

10. NAME OF FATHER Henry Kinmel
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Batesville
 (STATE OR COUNTRY) Ark.
 12. MAIDEN NAME OF MOTHER Francis Kinmel
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Batesville
 (STATE OR COUNTRY) Ark.

14. INFORMANT Henry Kinmel
 (Address) Batesville Ark.

15. FILED 5/25 1927 W. S. Bailey
 REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9, 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 3:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Killed by Cyclone

187D

CONTRIBUTORY (SECONDARY) 202

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH? _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. J. Jones, M.D.

5724, 1927 (Address) Poplar Bluff 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 Batesville, Ark. DATE OF BURIAL May 13, 1927
Shipped to Batesville Ark

20. UNDERTAKER J. J. Frank ADDRESS Poplar Bluff 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.

JUN 24 1927

