

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

Do not use this space.
Do not use this space
19090
File No. _____
Registered No. *68*
St. _____ Ward _____

1. PLACE OF DEATH
County *Linn* Registration District No. *631*
Township *North* Primary Registration District No. *10-863*
City _____ (No. _____ St. _____ Ward _____)
2. FULL NAME *Robert M. Kersney*
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

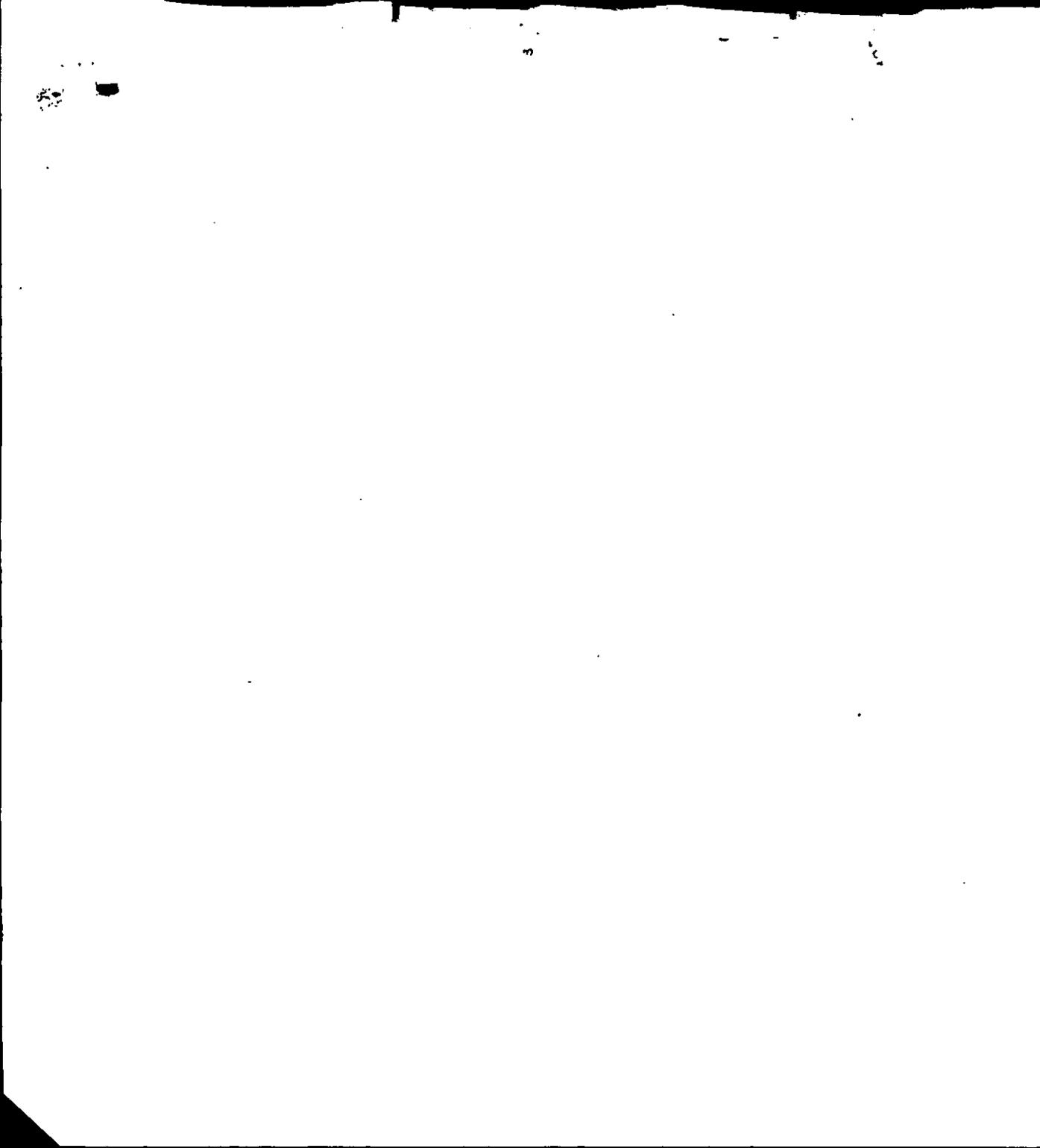
3. SEX *Male*
4. COLOR OR RACE *Unknown*
5. SINGLE; MARRIED, WIDOWED OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Unknown*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Unknown*
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. *About 35*
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 _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) *6-23-27*
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 11-*A*...m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Murdered by Lillian Phillips
174 (duration) yrs. mos. da.
CONTRIBUTORY *Homicide* (SECONDARY) (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) *Miss* (STATE OR COUNTRY) _____
10. NAME OF FATHER *Mat M. Kinsley*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Miss* (STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER *Doct Kinsley*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) _____
14. INFORMANT *Hammie Smith* (Address) *Cerulea Mo*
15. FILED *July 1, 1927* *Ada Martin* REGISTRAR

18. WHERE WAS DISEASE CONTRACTED? *1917*
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
Signed *C. E. Meek* *Quarantine of the Peace* M. D.
1927 (Address) *Rocking Carover*
Carrollville, 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 *Mason Cemetery* DATE OF BURIAL *6-23-27*
20. UNDERTAKER *J. H. Smith* ADDRESS *Cerulea 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.



proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Robert M. Kinsley

Who died at: Penisep Co. on June 22, 1927.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Murdered by Lillian

Phillips

Contributory: Homicide

Stabbed with knife.

Where was disease contracted? _____

06061-5