Hendrickson

JAN 3 1928

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

Do not use this space.

32866

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No.

Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 293

City ~~Poplar~~ (No. ..... St. ..... Ward)

2. FULL NAME Mary Frances Kinsey

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6-1927

7. AGE — YEARS: — MONTHS: 9 — DAYS: 22 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Poplar Bluff (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Guy Kinsey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Blodgett (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mable Peerman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mauldon (STATE OR COUNTRY) Mo.

14. INFORMANT Guy Kinsey (Address) Poplar Bluff

15. FILED 12-3, 1927 W. S. Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1927, to Nov 28, 1927 that I last saw her alive on Nov 28, 1927, and that death occurred, on the date stated above, at 9:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ileo Colitis

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

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) M. Hendrickson, M. D

12/2, 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: Green Hill. — DATE OF BURIAL: 11/29 1927

20. UNDERTAKER: Frank Und-Co- Poplar Bluff — ADDRESS

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.

PERMANENT RECORD