

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

Do not use this space.

3104

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. (No. Lutheran Hospital St. _____ Ward)

File No. _____
 Registered No. 718

2. FULL NAME Mathilda Kinney
 (a) Residence. No. 1230 S. 9th Street St. 12 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Kinney</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 17, 1860</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>7</u>
	DAY <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Housewife</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) _____		
(c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Canada

PARENTS	10. NAME OF FATHER <u>James Cook</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Canada</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Canada</u>

14. INFORMANT John Kinney
 (Address) 1230 S. 9th St.

15. FILED 21 1928 Mar 6 Darrcoff

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 18, 1928
17. I HEREBY CERTIFY That I attended deceased from Jan 16, 1928, to Jan 18, 1928
 that I last saw her alive on Jan 18, 1928, and that death occurred, on the date stated above, at 3:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fungus appendicitis
121A / 117A
112 / 117A (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Arteriosclerosis
 (SECONDARY) Tubercular (duration) 1 yrs. 6 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: 1230 S 9th
1 DID AN OPERATION PRECEDE DEATH: _____ DATE OF Jan 16-28
 WAS THERE AN AUTOPSY: no
 WHAT TEST CONFIRMED DIAGNOSIS: Operative findings
 (Signed) D. F. Dausman, M. D.
Jan 19, 1928 (Address) 3102 P. Grand.

*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 Zions **DATE OF BURIAL** Jan. 21 1928.

20. UNDERTAKER Wacker-Heldule **ADDRESS** 3331 S. Broadway

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.

RECORD

THIS IS A PERMANENT RECORD

