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

Do not use this space.

11345

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 3184

Township ..... Primary Registration District No. ..... Registered No. 3184

City Springs (No. City Hospital St. ..... Ward)

1731

2. FULL NAME Abijah Kinder

(a) Residence. No. 2718 Gravois St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23 - 1870

7. AGE: Years 57 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stone Keeper
(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) Kentucky

PARENTS

10. NAME OF FATHER: Isaiah Kinder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER: Stella Bennett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT: Hospital Informant
(Address) City Hospital

15. FILED MAR 21 1928, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1928

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1928, to March 19, 1928 that I last saw h.i.m. alive on March 19, 1928, and that death occurred, on the date stated above, at 7 20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Auricular fibrillation
93C Chronic myocarditis
95A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 906
(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) Robert H. Simpson, M.D.
3/19, 1928 (Address) City Hospital

*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: Mo Crematory
DATE OF BURIAL: Mar 22 1928

20. UNDERTAKER: Zugenhem Bros
ADDRESS: 2623 Cherokee

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

Kinder.