DEC 26 1929

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

Do not use this space.

36162

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1. PLACE OF DEATH
County: Buchanan
Registration District No.: 1001
Primary Registration District No.:
File No.:
Registered No.: 1347
Township:
City: St. Joseph, (No.) Missouri Methodist Hospital St. (Ward)

2. FULL NAME: Benjamin Franklin Kiner,

(a) Residence. No. St., Ward. Hiawatha, Kansas,
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 19 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): Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1857

7. AGE: Years 71 | Months Unk. | Days Unk. | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Academia,
(STATE OR COUNTRY): Pennsylvania,

PARENTS
10. NAME OF FATHER: Peter Kiner,
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Perry Co.,
(STATE OR COUNTRY): Pennsylvania,
12. MAIDEN NAME OF MOTHER: Sarah Ann Kiner,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Perry Co.,
(STATE OR COUNTRY): Pennsylvania,

14. INFORMANT: Miss Rebecca D. Kiner
(Address): Hiawatha, Kansas

15. FILED: Nov 27 1928 John G. Ott, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 26 1928

17. (I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Nov - 26, 1928, that I last saw h. alive on Nov - 26 -, 1928, and that death occurred, on the date stated above, at 3:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: —
Acute Nephritis - Chronic
Uremia 1926
Acute
Incomplete or partial (duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) Congenital Inguinal Hernia
Oct 15 - 28 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Hiawatha Kansas
DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 15 - 28
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical History & autopsy
(Signed) D. H. Wallace, M. D
Nov 26 1928 (Address) St Joseph 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: Hiawatha, Ks. via auto
DATE OF BURIAL: Nov. 28 1928

20. UNDERTAKER: Heaton Belsle & Brown
ADDRESS: 319 S. 10 St.
By D. H. Hale Funeral Home

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.