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

Do not use this space.
1776

1. PLACE OF DEATH
399
County Jackson Registration District No.
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3923 Park St. Ward)

File No. A 900
Registered No. E 900

2. FULL NAME Bessie Oliva Chinn
(a) Residence. No. 3923 Park 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 1, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	5	23	

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

9. BIRTHPLACE (CITY OR TOWN) Phillips County
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER L. L. Kearns
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Allen Co.
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Rosa Ann Graham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Laurence E. Chinn
(Address) 3923 Park

15. FILED 1-25-29 M. M. Grove Asst. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 24, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1928, to Jan 24, 1929
that I last saw h[illegible] alive on Jan 24, 1929, and that
death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of cervix
Bronchial Pneumonia
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Bronchial Pneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 4-28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. C. Kinney, M. D
1/24, 1929 (Address) 311 Argyle Bldg

*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 Forest Hill Cem. | DATE OF BURIAL Jan 26 1929
20. UNDERTAKER Stine & McClure | ADDRESS 3235 Gillham Plaza

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.

THIS IS A PERMANENT RECORD

493 [illegible] Ave.
Ki-5986
311 Argyle Bldg
VI-1572