Mail to Dr Lane (Hanwell)

MAR 21 1929

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

Do not use this space. 5611

1. PLACE OF DEATH
County Butler Beaver Dam — Registration District No. 87 — File No.
Township Hanville — Primary Registration District No. 5129 — Registered No. 4
City ~~Hanville~~ (No. ..... St. ..... Ward)

2. FULL NAME J. Chester Kinbrough
(a) Residence. No. ..... 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: 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: Jannie Kinbrough

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 21-1885

7. AGE: Years 44 | Months | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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) Dallas Co. Ark.

PARENTS
10. NAME OF FATHER: John Kinbrough
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dallas Co. Ark.
12. MAIDEN NAME OF MOTHER: Lenora Bullock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dallas Co. Ark.

14. INFORMANT: Jannie Kinbrough
(Address) Hanville Mo

15. FILED 2/14, 1929 M. M. Lane, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1929, to Feb 6, 1929, that I last saw b..... alive on Feb 6, 1929, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46E Cancer of liver (Carcinoma)
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 44B
(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) I. N. Barnett, M. D.
2/13, 1929 (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: Kinzey
DATE OF BURIAL: 2/14 1929

20. UNDERTAKER: Frank Undt Co. Poplar Bluff Mo
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.