

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

Do not use this space.

11174

**1. PLACE OF DEATH**

County Jasper  
Township Jasper  
City Jasper (No. \_\_\_\_\_)

Registration District No. 411  
Primary Registration District No. 2002

File No. \_\_\_\_\_  
Registered No. 11174  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Fred Richard Kinney  
(a) Residence. No. Longwood Hollow Ward. \_\_\_\_\_  
(Usual place of abode)

(If non-resident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Eva E. Kinney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 30 - 1864

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 3 8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer & Gardener  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Linn, N. Y.  
(STATE OR COUNTRY)

10. NAME OF FATHER Isaac F. Kinney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. Y.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hellie Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N. Y.  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Eva E. Kinney  
(Address) Longwood Hollow

15. FILED 3-11-1929 W. A. Slack  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Mar 8, 1929, that I last saw him alive on Mar 5, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

arterio sclerosis

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) W. A. Brookshus, M. D.

3-9, 1929 (Address) Jasper 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**

**DATE OF BURIAL**

Clark Memorial Park

3-12 1929

**20. UNDERTAKER**

**ADDRESS**

Frank Sievers Co

Jasper Mo

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.

49  
10  
50  
1929

