

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

Do not use this space.

17707

JUN 25 1929
PLACE OF DEATH

County Barre

Registration District No. 203

File No. 5

Township Lock Springs

Primary Registration District No. 203 4153

Registered No. _____

City Lock Springs

St. _____ Ward _____

2. FULL NAME Ellas Kiniry

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1929

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

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him alive on Dead, 19____, and that death occurred, on the date stated above, at 6:15 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-9-1877

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 51 9 20

Found on Wabash platform at Lock Springs. Fatally injured. Fractured Skull + Internal Injuries 1929

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

CONTRIBUTORY (SECONDARY) 1850

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dodge Co. Minn.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. _____

10. NAME OF FATHER Daniel Kiniry

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Anna Linn

WHAT TEST CONFIRMED DIAGNOSIS Examination of skull (Signed) H. A. Hope, Coroner, 19____ (Address) Gallatin, Mo.

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

*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.

14. INFORMANT Kiniry (Address) 213 Glance St. St. Paul, Minn.

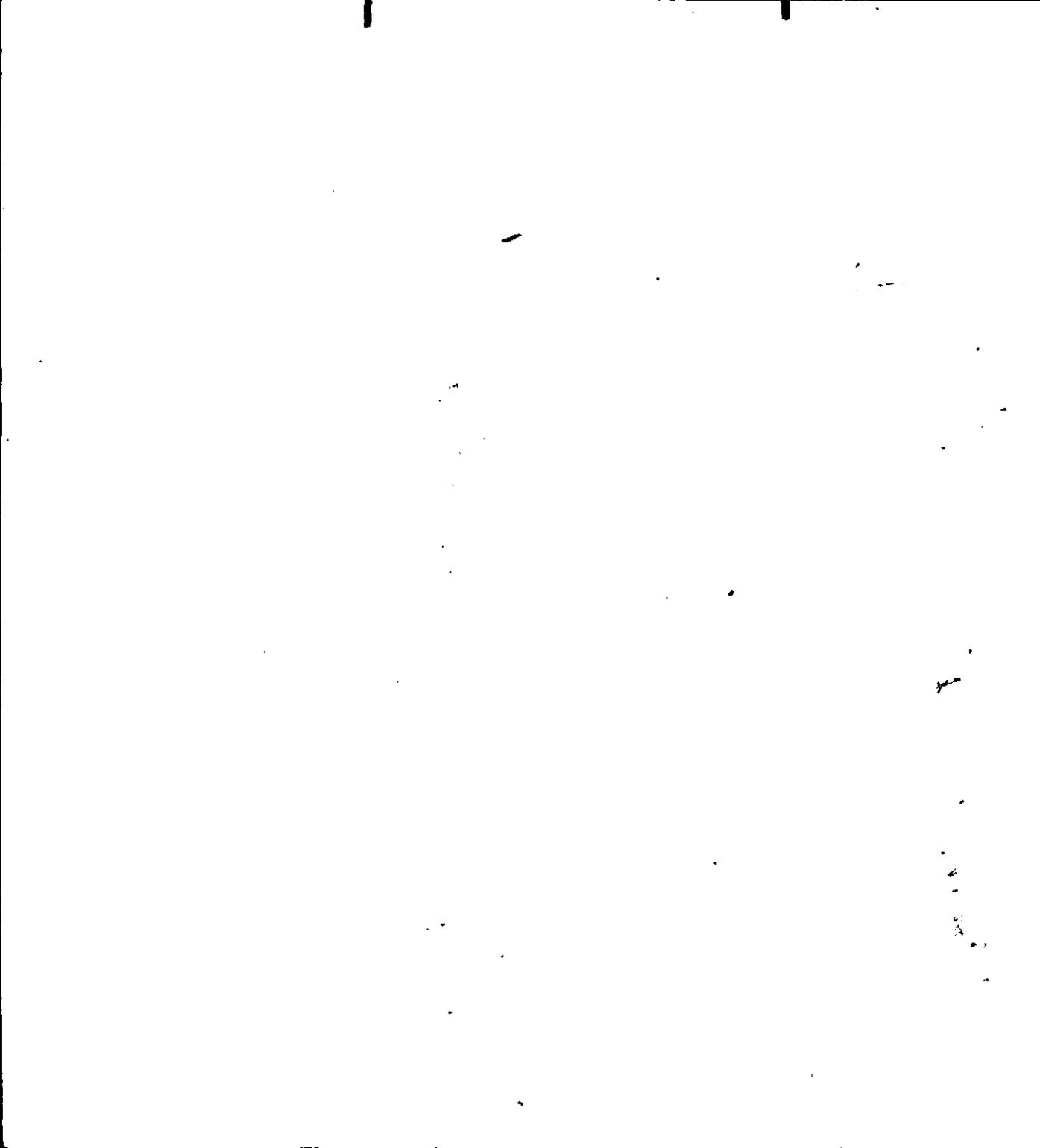
19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Paul, Minn. DATE OF BURIAL 1929

15. FILED May 29 1929 A. G. Minnich REGISTRAR

20. UNDERTAKER H. A. Hope. ADDRESS Gallatin

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.

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Name: Charles Henry

Who died at: Lock Springs, Mo. May 29, 1929

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Found on Wabash Platform at Lock Springs, fatally injured fractured skull and internal

Contributory: Killed R.R. accident by mail sack from train

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: A. G. Minnick M.D.

Address of physician: Lock Springs Missouri

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