

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

Do not use this space.

23238

1. PLACE OF DEATH

County.....
Township.....
City St Louis

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 6712
St. Ward

2. FULL NAME

Thomas Jefferson Kinsman

(a) Residence. No. 7209^a Minnesota St. 1 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

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

Louisa Kinsman

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

March 13, 1844

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
85	3	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Ship Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)..... St Louis Dock Yards
(c) Name of employer.....

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

Louisville Kentucky

10. NAME OF FATHER

John Kinsman

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

Massachusetts

12. MAIDEN NAME OF MOTHER

Anna Nichols

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

Unknown

14. INFORMANT (Address)

Louisa Kinsman
7209^a Minnesota

15. JUN 24 1929 FILED 19

Ray E. Parker
REGISTRAR

15. DATE OF DEATH (MONTH, DAY AND YEAR)

June 23 1929

17.

I HEREBY CERTIFY, That I attended deceased from June 17, 1929 to June 23 1929 that I last saw h. l.a. alive on June 21, 1929, and that death occurred, on the date stated above, at 3:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arteriosclerosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED? (duration) 1 yrs. 0 mos. 0 ds.
IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. M. Gratton, M. D.
6/23 1929 (Address) 68296a

*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

Park Lawn Cem

DATE OF BURIAL

6/26 1929

20. UNDERTAKER

C. Hoffmeister & Co

ADDRESS

7814 S. Broadway

N. B. - Every item of information on this certificate is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

