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

35-8

Do not use this space.

24422

1. PLACE OF DEATH
County Lawrence — Registration District No. — File No.
Township Shawnee — Primary Registration District No. — Registered No. 4
City (No. , St. Ward)

2. FULL NAME Herbert Cecil Kines

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-4-1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	18	6	6	

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

9. BIRTHPLACE (CITY OR TOWN) Little Grant
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Herbert Kines
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Quarrels
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary Kinyon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Quarrels
(STATE OR COUNTRY) Missouri

14. INFORMANT Chas. A. Kines
(Address) Kansas City, Mo.

15. FILED July 13 1929 Dr. J. Beaty REGISTRAR
M.C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-10 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that
death occurred, on the date stated above, at .....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1895

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 292

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS —

(Signed) J. Lewallen, M. D.

7-12 1929 (Address) Clinton 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
Shawnee Mound	7-12 1929
20. UNDERTAKER	ADDRESS
Sims-Wilkinson Co.	Clinton

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.