

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

Do not use this space.

41069

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

02-02-1930

PLACE OF DEATH

County Jasper
Township Wattson
City Joplin (No.)

Registration District No. 471
Primary Registration District No. 2002

File No.
Registered No. 548
St. Ward)

2. FULL NAME Laura Pearl Kinney

(a) Residence. No. Joplin Motor Road 3 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

MEDICAL CERTIFICATE OF DEATH

1. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 6-1901</u>		
7. AGE	YEARS	MONTHS
	<u>28</u>	<u>No.</u>
		DAYS
		<u>22</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Stenographer and</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Book keeper</u>		
(c) Name of employer		

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1929

17. **HEREBY CERTIFY** That I attended deceased from Dec 23, 1929, to Dec 28, 1929, and that I last saw her alive on Dec 28, 1929, and that death occurred, on the date stated above, at 6:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Anemia

CONTRIBUTORY (SECONDARY) 71A 58A

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

9. BIRTHPLACE (CITY OR TOWN) Parroll city (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Frank R Kinney

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

12. MAIDEN NAME OF MOTHER Lucie E Brogan

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

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

12.25, 1929 (Address) Joplin Mo

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) H. G. Gray, M. D.

14. INFORMANT (Address) Mrs Lucie E Kinney
Joplin Motor Road 3

15. FILED 1930 1929 A. Benson Clark REGISTRAR

*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 Oak Memorial Park DATE OF BURIAL Jan 2 1930

20. UNDERTAKER The Frank-Severs-Hughes ADDRESS Joplin Mo

