

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

Do not use this space.

42239

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1063

File No.
Registered No. 11957
St. Ward

2. FULL NAME

(a) Residence. No. 2136 Chouteau St., 220 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

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 Elizabeth M. E. Kinney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4 - 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 6 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Friman
(b) General nature of industry, business, or establishment in which employed (or employer) 2 R.R. near St. Louis
(c) Name of employer Normal Railroad

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

New York

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Mrs. E. E. M. E. Kinney
2136 Chouteau Ave.

15.

FILED

DEC - 9 - 1929
Ray C. Starker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 29 to Dec. 6, 1929, and that I last saw him alive on Dec. 6, 1929, and that death occurred, on the date stated above, at 9 30 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Suppss following opera
tive procedure for removal
of Cancer at Uterus
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) D. J. Anderson, M. D.

Dec 7, 1929 (Address) 3115 P. Grand

*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

Oak Hill Cemetery Dec 9 1929

20. UNDERTAKER

ADDRESS

Leitz Bros 3029 Lafayette Ave

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.

RECORD WITH OBTAINING INFORMATION—THIS IS A PERMANENT RECORD

