

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

Do not use this space.

1620

**PLACE OF DEATH**

County Jasper  
Township Oronogo  
City Oronogo (No. ....)

Registration District No. 4245  
Primary Registration District No. 413

File No. ....  
Registered No. 4001  
St. .... Ward)

**2. FULL NAME** Mrs. Laura Kinnett  
(a) Residence. No. Morgan St. 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**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married  
(write the word)

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** March 4, 1873

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, .... hrs. .... min.  
56 10 8

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

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

**10. NAME OF FATHER** Henry Heiston

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

**12. MAIDEN NAME OF MOTHER** Isabelle Connel

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

**14. INFORMANT** George Richardson  
(Address) Oronogo, Mo.

**15. FILED** Feb 10, 1930 J. S. Barson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan 12 1930

**17. I HEREBY CERTIFY**, That I attended deceased from November 19<sup>th</sup>, 1929, to December 23, 1929  
that I last saw him alive on Dec 23, 1929 and that death occurred, on the date stated above, at 11:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
diabetes mellitus  
59

(duration) 2 yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)** .....  
(duration) .... yrs. .... mos. .... ds.

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

**19. DID AN OPERATION PRECEDE DEATH?** no DATE OF .....  
**20. WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?**  
(Signed) H. C. Powers, M. D.

Jan 12, 1930 (Address) Fusco Bldg Jaffin 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** Heaver Cemetery **DATE OF BURIAL** Jan. 14 1930

**20. UNDERTAKER** Steele Und. Co. **ADDRESS** Wich City Mo.

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.

1930

