

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

Do not use this space.

12504

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence (No. _____ St. _____ Ward _____)

2. FULL NAME

George W. Kinnaman
 (a) Residence. No. 222 West Whitcomb 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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Kinnaman</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 2 - 1857</u>					
7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.	
<u>73</u>	<u>1</u>	<u>1</u>	<u>25</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work. <u>Retired Stone mason</u>					
(b) General nature of industry, business, or establishment in which employed (or employer). <u>Retired 15 years</u>					
(c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay County, Indiana</u>					
PARENTS	10. NAME OF FATHER <u>Will Kinnaman</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				
	12. MAIDEN NAME OF MOTHER <u>Rilla Smith</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1930

17. I HEREBY CERTIFY, That I attended deceased from April 27 1930 to April 27 1930
 that I last saw him alive on April 27 1930 and that death occurred, on the date stated above, at 7:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
Broken compensation
936
958 (duration) yrs. mos. 10 ds.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. H. Green M. D.
4-30 1930 (Address) Independence, Mo.

*State the DISEASE CAUSING DEATH, 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 <u>Pleasant Hill Cem</u>	DATE OF BURIAL <u>5-1-1930</u>
20. UNDERTAKER <u>Williamson & Son</u>	ADDRESS <u>Independence</u>

14. INFORMANT Margaret Kinnaman
 (Address) 222 West Whitcomb

15. FILED 5-1-1930 J. L. Cook REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 26 1930

V. S. No. 2.

