

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City, *St. Louis, Mo.* (No. *#5136 Palm St.*).....

File No.....

34447

Registered No.....

9807

St. Ward)

2. FULL NAME

Jessie G. Kingsbury

(a) Residence, No. *#5136 Palm St.*.....

Ward. *6*

(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 (write the word)

Single

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

.....

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

April 11-1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

68

6

3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

At Home

(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)

Hillsboro Ill.

10. NAME OF FATHER

Quinn Kingsbury

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

Akron Ohio

12. MAIDEN NAME OF MOTHER

Celest Hazard

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

Alton Ill.

14.

INFORMANT (Address).....

Marv Evelyn Kingsbury #5136 Palm St.

15.

FILED.....

19.....

Marv Starkoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 14, 1930*

17.

I HEREBY CERTIFY, That I attended deceased from *Aug 27, 1930* to *Oct 14, 1930* that I last saw alive on *Oct 13, 1930*, and that death occurred, on the date stated above, at *4 a* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

CONTRIBUTORY (SECONDARY)

Paralysis (left side) (duration) yrs. *1* mos. *22* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH.....

DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed).....

Scott M. King, M. D.

*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

Hillsboro, Ill.

DATE OF BURIAL

10-15-1930

20. UNDERTAKER

C. R. Lupton

ADDRESS.....

#4449

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.

Er Weger - 4

3442 Geraldine

Evergreen 2054