

DEC 20 1930

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

Do not use this space.

35259

1. PLACE OF DEATH
 County Andrew, Registration District No. 13
 Township..... Primary Registration District No. 4070
 City Savannah, (No. Dr. Nichols Sanitorium, St. _____ Ward)

File No. _____
 Registered No. _____

2. FULL NAME William J. Kinser,
 (a) Residence. No. _____ St. _____ Ward Maquon, Illinois,
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Matilda Kinser,
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11, 1850.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 8 11

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

9. BIRTHPLACE (CITY OR TOWN) Know County,
 (STATE OR COUNTRY) Illinois,

PARENTS
 10. NAME OF FATHER Jessie Kinser,
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Virginia,
 12. MAIDEN NAME OF MOTHER Phoebe Housh,
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Ohio,

14. INFORMANT Jacob Liniger
 (Address) Belong, Illinois,

15. FILED Nov 30, 1930 W. J. Kinser REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 22 1930
 17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1930 to Nov 22, 1930 that I last saw him alive on Nov 22, 1930 and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) arteriosclerosis
 (duration) _____ yrs. mos. 2 ds.
 (duration) (7) 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? No

WHAT TEST CONFIRMED DIAGNOSIS? Physiognomical
 (Signed) S. E. Withers M. D.
11/22, 1930 (Address) Savannah 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 Galesburg, Illinois DATE OF BURIAL NOV. 26, 1930.

20. UNDERTAKER Frank A. Bowman ADDRESS 319 S. 10 St.

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.

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