

APR 20 1931

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

8638

## 1. PLACE OF DEATH

County AdairRegistration District No. 4Township KirkvillePrimary Registration District No. 3001City Kirkville (No.       )File No.       Registered No. 40St.        Ward       

## 2. FULL NAME

(a) Residence. No. 407 East Patterson Ave. 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

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

Ollie M. Kinney

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

7-2-1895

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

4587

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mechanic 65(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Co. Factory

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

## 10. NAME OF FATHER

William M. Kinney

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

## 12. MAIDEN NAME OF MOTHER

Bora Herbert

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

## 14.

INFORMANT

(Address)

W. B. M. Kinney  
Kirkville Mo

## 15.

FILED

3/23/31Mrs C. H. Becker

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-9- 1931

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1931, to Monday Mar. 9, 1931, that I last saw him alive on Mar. 9, 1931, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

influenza  
11B

## CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH UnknownDID AN OPERATION PRECEDE DEATH? No DATE OF       WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS Impressions & color(Signed) W. J. Kirk, 19        (Address) Kirkville 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

## DATE OF BURIAL

Locust Hill3-11-1931

## 20. UNDERTAKER

## ADDRESS

Dee RileyKirkville

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.

