

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

Do not use this space.

17216

85

1. PLACE OF DEATH

County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. 1001
 City St Joseph (No. State Hosp # 2) St. _____ Ward _____

File No. _____
 Registered No. 563 St. _____ Ward _____

2. FULL NAME

(a) Residence No. Spickard Mo St. _____ Ward Spickard Mo
 (Usual place of abode) (nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 1 mos. 10 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown about 1904
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 unknown

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Book Keeper
 (b) General nature of industry, business, or establishment in which employed (or employer) Big Telephone Co
 (c) Name of employer St Louis Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffey Mo

10. NAME OF FATHER R. D. Kinsade

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

12. MAIDEN NAME OF MOTHER Minta Jeff

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

14. INFORMANT Bernard C. Kinsade (Address) Spickard Mo

15. FILED 5-27 19 31 John R Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26th 19 31
 17. I HEREBY CERTIFY, That I attended deceased from April 16 1931 to May 26 1931 that I last saw him alive on May 25th 1931, and that death occurred, on the date stated above, at 7:30 A m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Monocul Exhaustion
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY ISSUE (SECONDARY) _____ (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? No
 WHAT TEST CONFIRMED DIAGNOSIS Clinical (Signed) J. W. Bunch M. D.

5/26/ 1931 (Address) State Hospital # 2
 *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 Gilman City, Mo DATE OF BURIAL May 28 19 31

20. UNDERTAKER H. Mieshoffer ADDRESS 1302 Jordan

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.

JUN 24 1931

MARGIN RESERVED FOR BINDING

S. NO. 2.

