

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

Do not use this space.

20784

**1. PLACE OF DEATH**

County Cape Girardeau  
Township Hubble  
City New Jordanville

Registration District No. 126  
Primary Registration District No. 5174B

File No. 8  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Cornelius Newton Kinder

(a) Residence No. \_\_\_\_\_ 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1841

7. AGE YEARS 89 MONTHS 11 DAYS 24 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jordanville, Mo.

13. NAME Joel Lee Kinder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Carolina

15. MAIDEN NAME Polly Davore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT Walter N. Kinder

18. BURIAL, CREMATION, OR REMOVAL PLACE Thompson Cem. DATE June 8 1931

19. UNDERTAKER Coyne & Miller

(ADDRESS) 31 N. W. August

20. FILED \_\_\_\_\_ 1931 \_\_\_\_\_ Registrar

**MEDICAL CERTIFICATE OF DEATH**

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1931, to June 6 1931

Last saw him alive on June 6 1931. Death is said to have occurred on the date stated above, at 11:27 p.m.

The principal cause of death and related causes of importance were as follows:

Tricuspid Regurgitation, with Emphysema  
92A  
113  
137

Other contributory causes of importance: Hypertrophy of the Prostate gland.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify \_\_\_\_\_

(Signed) W. W. Ford, M. D.  
(Address) Jordanville, Mo.

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.

JUL 23 1931

