

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

Do not use this space.

22374

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township Hughesville Primary Registration District No. 5857
City (No.) St. Ward)

File No.
Registered No. 182

2. FULL NAME Robert E. Kinchel

(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 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Ann Kinchel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1-1863</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>5</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>7-1-1931</u>	
	11. Total time (years) spent in this occupation <u>50</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Palmira Mo</u>		
FATHER	13. NAME <u>Robert L. Kinchel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Mo</u>	
MOTHER	15. MAIDEN NAME <u>Lewis Estes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Palmira Mo</u>	
17. INFORMANT (ADDRESS) <u>J. O. Kinchel Hughesville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Point</u> DATE <u>4-9-1931</u>		
19. UNDERTAKER (ADDRESS) <u>W. C. Westbrook</u> <u>Warrensburg Mo</u>		
20. FILED <u>6-8-1931</u> <u>J. S. Price</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1931

22. I HEREBY CERTIFY That I attended deceased from Apr 1 1931 to June 7 1931
I last saw him alive on June 6 1931 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cholecystitis
920
Other contributory causes of importance:
arterio sclerosis
and organic heart
troubly arterial stenose
Name of operation none Date of 2
What test confirmed diagnosis? 2 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19...
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) W. J. Bishop, M. D.
(Address) Secordia 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 28 1931

