

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

Do not use this space.

11965

**1. PLACE OF DEATH**

County Clay Registration District No. 198  
 Township Fishers Primary Registration District No. 3011  
 City or Village Excelsior Springs (No. ....) St. .... Ward .....

File No. ....  
 Registered No. 56  
 St. .... Ward .....

**2. FULL NAME**

Monella May Kinney  
 (a) Residence, No. 2057 John St., ..... Ward .....

(Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Lee Kinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
24 / 2 / 4

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Plattsburg, Mo

13. NAME Clarence Fleming

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonville, Mo

15. MAIDEN NAME Clara Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg, Mo

17. INFORMANT (ADDRESS) Clara Henry, Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE .....

19. UNDERTAKER (ADDRESS) Herbert Hope, Excelsior Springs, Mo.

20. FILED 4/18 1932 J. D. Craven Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1931, to April 17, 1932

I last saw him alive on April 12, 1932 Death is said to have occurred on the date stated above, at 7 A. M.

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

Tuberculosis of lung Date of onset: 1931  
330 2 3

Other contributory causes of importance: Nothing known of

Name of operation (D) Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

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

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? no

If so, specify John J. Grace M. D.

(Signed) John J. Grace M. D.  
 (Address) Excelsior Springs, Mo.

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.

MAY 23 1932

RECORD

state should state  
very important

GE should be  
direct exact

100 - 100  
100

OTHER



1911-12