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 27 1932

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

Do not use this space.

20582

1. PLACE OF DEATH

92 County St Charles — Registration District No. 757

4 Township — Primary Registration District No. 3036

8 City St Charles (No. 1608, North 3rd St. ..... Ward)

File No. .....

Registered No. 105

2. FULL NAME Infant Kinson

(a) Residence, No. 1608 N. 3rd 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 30-1932

7. AGE: YEARS | MONTHS: ✓ | DAYS | If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Mo

FATHER

13. NAME: Orville Kinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln County Mo

MOTHER

15. MAIDEN NAME: Johanna Hawkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warren County Mo

17. INFORMANT (ADDRESS): Orville Kinson 1608 N. 3rd St

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Oak Grove DATE: July 1, 1932

19. UNDERTAKER (ADDRESS): H. Dallmeyer & Sons 60 800 N. 2nd St.

20. FILED: 7/1, 1932 Hy. J. Blochbaum, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 30, 1932

22. I HEREBY CERTIFY That I attended deceased from June 30, 1932, to June 30, 1932

I last saw him alive on June 30, 1932 Death is said to have occurred on the date stated above, at 3:30 P.m.

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

Prematurity

15/159

Date of onset

Other contributory causes of importance: (1)

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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 ....., 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? .....

If so, specify .....

(Signed) B. L. Neubeiser, M. D.

(Address) St. Charles, Mo.