

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 7091

Township.....

Primary Registration District No. 1000

City St. Louis mo.

(Name) St. Louis Ch. Hospital

File No. 42597

Registered No. 11740

St. ....

Ward) .....

2. FULL NAME

(a) Residence, No. Donald Kinshaw

(Usual place of abode)

Clearwater, Kans. St.

12 Ward.

Route # 2

(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)

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

Child

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

7-17-1911

7. AGE

YEARS

14

MONTHS

5

DAYS

12

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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

Chief

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Rose Hill, Kansas

MOTHER FATHER

13. NAME

Vertine Kinshaw

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

Indiana

15. MAIDEN NAME

Florence M. Laughlin

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

Illinois

17. INFORMANT (ADDRESS)

Dr. Blynn  
500 So. King Highway

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Clear Water Kan

DATE

12-21-32

19. UNDERTAKER (ADDRESS)

Guy Muller  
4259 Long St. St. Louis

20. FILED

DEC 30 1932

W. C. St. Louis

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec - 29 - 1932

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 18, 1932, to Dec. 29, 1932

I last saw him alive on Dec. 29, 1932 Death is said

to have occurred on the date stated above, at 2 P. M.

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

Date of onset

Tumor of Brain, Benign  
Obstructive Hydrocephalus  
51 D T. H. J.  
81 E T. H. J.

Other contributory causes of importance:

(1)

Name of operation

Craniotomy

Date of 12-7-32

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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)

J. E. Pittman, M. D.

(Address)

St. Louis Hospital

