

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

Do not use this space.

5290

1. PLACE OF DEATH

County Dunklin
Township Dnd.
City ~~.....~~ (No.)

Registration District No. 288
Primary Registration District No. 4172
5290

File No.
Registered No. 5290
St. Ward)

2. FULL NAME Tom Kinchcliff

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

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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertrude Joseline Kucheloff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 5 1885</u>		
7. AGE	YEARS	MONTHS
	<u>47</u>	<u>2</u>
		DAYS
		<u>13</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. <u>X X</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec 3 1937</u>	
	11. Total time (years) spent in this occupation <u>64 years</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
FATHER	13. NAME <u>Tom Kucheloff</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Wm. Kucheloff</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Bill Roberts, no</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nazel</u> DATE <u>2/21</u> <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Curity Farm</u>		
20. FILED <u>March 1933</u> <u>W. Kucheloff</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18 1933

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:
accidentally + thru his own negligence by being struck by an automobile driven by Albert Lane Sheriff of Dunklin Co. Mo. and his name was Tom Kinchcliff
Other contributory causes of importance: None

Name of operation None Date of 2:10 2:10 PM
What test confirmed diagnosis? Was there an autopsy? 200

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-18, 1933
Where did injury occur? on Highway 540 2 1/2 miles S of Summit mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury body run over by auto
Nature of injury body crushed

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) D. J. Rigney M. D.
(Address) Kennett mo

WHITE PLAIN, 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.

