

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

Do not use this space.

9753

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township 1st Primary Registration District No. 2002
 City St. Louis (No. 6220, High)

File No. _____
 Registered No. 1357 St. _____ Ward

2. FULL NAME

(a) Residence, No. 6220 High 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 <u>Male</u>	4. COLOR OR RACE <u>W</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>Walter Lee Kinney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>131</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>10</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Blanche Walker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Lizzie Simmons</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Walter Kinney</u> (ADDRESS) <u>4139 - E - 15</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Mo</u> DATE <u>May 24 33</u>		
19. UNDERTAKER <u>Rose & Henderson</u> (ADDRESS) <u>4139 - E - 15</u>		
20. FILED <u>3 22 33</u> <u>M. M. Crowe</u> <u>Asst. Registrar.</u>		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:10 m.

The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
Hypertension

Date of onset _____

Other contributory causes of importance: 131

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy yes

23. If death was due to external causes (violence, fall 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) W. M. Crowe M. D.
 (Address) West 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.

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