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.

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

Do not use this space.

File No. 19768
Registered No. 2483

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Charles Wilson Kinne
(a) Residence, No. 5701 Troost Avenue 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1879

7. AGE: Years 53 — Months 8 — Days 2 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
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) No information

FATHER
13. NAME No information
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

MOTHER
15. MAIDEN NAME No information
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT Mrs. Minnie Kinne
(ADDRESS) 5701 Troost Avenue

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ crematory
PLACE Elmwood Cemetery DATE June 15, 1933

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED 6/14, 1933 M. M. Corson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933, to June 12, 1933
I last saw him alive on June 12, 1933. Death is said to have occurred on the date stated above, at P. m. 8:10
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	
Gangrene of left foot & leg up to thigh	

Other contributory causes of importance: Diabetes for 12 years.

Name of operation None — Date of
What test confirmed diagnosis? Clinical & Lab — 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) Geo. B. Norbury M. D.
(Address) 618 Professional Bldg

Dr
Prof. Bjerdy.