

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

Do not use this space.

27229 B

1. PLACE OF DEATH

County Pemiscot
Township Virginia
City..... (No.....)

Registration District No. 655
Primary Registration District No. 5872

File No.....
Registered No.....
.....St.Ward)

2. FULL NAME

Glenda Geraldine Kinley

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-16 1933

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

17. I HEREBY CERTIFY, That I attended deceased from 8-1-33 to 8-16-33, 1933 that I last saw her alive on 8-15-33, 1933, and that death occurred, on the date stated above, at 8 A.M. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-29-33

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 17

Infectious Dysentery
13c (duration) yrs. mos. 16 ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work L
(b) General nature of industry, business, or establishment in which employed (or employer) L
(c) Name of employer G

CONTRIBUTORY (SECONDARY) 13c (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Denton Mo
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Floyd Kinley

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Denton Mo
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS P. E. Cooper M. D.
(Signed).....

12. MAIDEN NAME OF MOTHER Oda Williams

9-25-1933 (Address) Carter, Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Denton Mo
(STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Floyd Kinley
(Address) Denton Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Coleman Cem DATE OF BURIAL 8-17 1933

15. FILED 9/1/33 Max Kelly REGISTRAR

20. UNDERTAKER German V. ... ADDRESS St. Louis 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.

NOV 10 1933

