WRITE PLAINLY, WITH NON-FADING 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.

NOV 10 1933

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

Do not use this space.

33535

File No.
Registered No. 64

54 5 4

1. PLACE OF DEATH
County: Lafayette
Township: Davis
City: Higginsville, Mo. (No. , St. Ward)
Registration District No. 460
Primary Registration District No. 4274

2. FULL NAME: Phillip Kincheloe
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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~~: Eunice Kincheloe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 16 Sept. 1881

7. AGE: Years 52 | Months 1 | 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.: Laborer
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): Mayview, Mo.

FATHER
13. NAME: Perkins Kincheloe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

MOTHER
15. MAIDEN NAME: Mary Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT: Eunice Kincheloe
(ADDRESS): Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Marvin Chapel DATE: 10/20/33, 19

19. UNDERTAKER: A. H. Hader
(ADDRESS): Higginsville, Mo.

20. FILED: 10-20-, 19 33 Dr. W. A. Braecklein
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 18, 19 33

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 19 33 to Oct 18, 19 33
I last saw him alive on Oct 18, 19 33. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis pulmonary	1925?
23A	

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Gross Exam 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? No
If so, specify
(Signed) W. F. Koppenbrink, M. D.
(Address) Higginsville, Mo