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.

NOV 10 1933

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

Do not use this space.

35027

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Mo Baptist Hosp St. ..... Ward)

File No. .....

Registered No. 9239

2. FULL NAME Wm Alonzo Kinyon

(a) Residence, No. 335 Rose Hill Ave St., 17 Ward. Kirkwood Mo
(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 M.

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-21-1867

7. AGE YEARS 66 MONTHS 7 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr Polar Wave Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 136

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 135

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

FATHER

13. NAME Wm Sidney Kinyon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER

15. MAIDEN NAME Mary Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Mrs M Kinyon 335 Rose Hill

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill DATE 10-28-1933

19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood Mo

20. FILED OCT 20 1933 19 J S Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19 1933, to Oct. 26 1933

I last saw him alive on Oct. 26 1933. Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Stricture of urethra - urinary extravasation (phlegmonous cellulitis - peritonitis)

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Other contributory causes of importance: Patient stated that he suffered slight injury from fall - but I doubt that it was a causation factor

Name of operation Perineal urethrotomy suprapubic cystotomy Date of

What test confirmed diagnosis? usual 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) Clarence Martin, M. D.

(Address) 504 Metropolitan Bldg