

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

Do not use this space.

35732

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, Mo. (No. 912 South 12th) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1112

**2. FULL NAME** Cordia A. Kinnison

(a) Residence, No. 912 South 12th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. W. Kinnison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19, 1858</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>4</u>	DAYS <u>24</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>
	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) Nodaway County,  
 (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Harvey H. Robison

14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Indiana

MOTHER FATHER 15. MAIDEN NAME Rachael Garrott

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

17. INFORMANT Mrs. J. H. Fogarty,  
 (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mt. Auburn DATE Nov. 15, 1933

19. UNDERTAKER Fleeman Mortuary, Inc.  
 (ADDRESS) St. Joseph, Mo.

20. FILED 16 1933  
John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1933, to Nov 13, 1933

I last saw him alive on Nov 13, 1933 Death is said to have occurred on the date stated above, at 5:15 P.M.

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

Myocardial degeneration  
92A  
97 I made my first call 9/24

Other contributory causes of importance:  
arteriosclerosis 29 years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) Charles H. Werner M. D.

(Address) 407 North 1st St. St. Joseph, Mo.

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.

MARGIN RESERVED FOR BINDING

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JAN 8 1934

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St. Joseph, Mo.

