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

Do not use this space.

37809

File No.

Registered No. 34

1. PLACE OF DEATH

County St. Louis, Registration District No. Missouri 1123

Township Carondelet Primary Registration District No. 6248B

City Jefferson Barracks, Mo. Veterans Administration Facility. St. Ward)

2. FULL NAME John J. KINNEY

(a) Residence, No. 485-A. No. 25th St., St., Ward. St. Louis, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Helen Kinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
40	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Foreman

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

10. Date deceased last worked at this occupation (month and year) September 1933 11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dubuque, Iowa.

FATHER

13. NAME Michael Kinney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LaSalle, Illinois.

MOTHER

15. MAIDEN NAME Nellie Flynn,

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

17. INFORMANT W. C. GIBSON, M.D. Manager
(ADDRESS) Veterans Adm. Facility, Jeff. Brks.

18. BURIAL, CREMATION, OR REMOVAL
PLACE East St. Louis Ill. DATE Nov 3 1933

19. UNDERTAKER Burke Und Co
(ADDRESS) East St. Louis Ill.

20. FILED Nov 3 1933 L. C. Obrock M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1933, to November 2, 1933

I last saw him alive on November 2, 1933 Death is said to have occurred on the date stated above, at 12:50 a.m. AM

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

	Date of onset
Myocarditis, associated with auricular fibrillation.	
V.H.Disease, mitral stenosis	Unk.
Other contributory causes of importance:	
Acute Transverse Myelitis.	Unk.

Name of operation — Date of —

What test confirmed diagnosis? Physical, x-ray, laboratory findings Was there an autopsy? Yes

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) W. C. GIBSON, M.D. Manager, M. D.

(Address) Veterans Adm. Facility, Jeff. Brks., 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD