

SEP 14 1934

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

Do not use this space.

28303

1. PLACE OF DEATH

County BoschRegistration District No. 73

Township

Primary Registration District No. 3006City Columbia

(No. _____)

St. _____

Ward _____

2. FULL NAME

(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. _____

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

negro

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

widowed

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

alice m. Kinney

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

Oct. 1 - 1856

7. AGE

YEARS

77

MONTHS

10

DAYS

15

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Retired

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)

Rocheport mo

FATHER

13. NAME

Jim M. Kinney

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

va.

MOTHER

15. MAIDEN NAME

Pauline Barnett

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

Paris mo

17. INFORMANT (ADDRESS)

Alma Burkner, Mildred Bone Columbia, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Columbia cem.DATE 8-191934

19. UNDERTAKER (ADDRESS)

A. C. Freeman Columbia, Mo

20. FILED

8/18/1934Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

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

8-161934

22. I HEREBY CERTIFY, That I attended deceased from

Aug 5, 1934, to Aug 15, 1934I last saw him alive on Aug 15, 1934. Death is saidto have occurred on the date stated above at 6:40 a m.

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

Organic Heart Disease

Other contributory causes of importance:

AS 2

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Dr. Moore, M. D.(Address) Columbia 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.

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