

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.

SEP 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County Clinton Registration District No. 206  
Township Lathrop Primary Registration District No. 2124  
City Lathrop (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 28713

Registered No. 23

2. FULL NAME Joella Kinsey

(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 Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife, the word) widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
71 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home.  
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) Lalay County, Mo.

MOTHER 13. NAME Sidney J. Blackwell.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 15. MAIDEN NAME Sallie Wilson.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Edward L. Kinsey  
(ADDRESS) Lathrop, Mo.

18. BURIAL, CREMATION, OR REMOVAL Newman, Mo. DATE 8/8 1934

19. UNDERTAKER Ed. Mass Drump  
(ADDRESS) Lathrop, Mo.

20. FILED Aug 7, 1934 E. B. Dunsen Registrar.

MÉDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 7 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1933, to August 7 1934  
I last saw her alive on Aug 7, 1934 Death is said to have occurred on the date stated above, at 2:40 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Coronary Arteriosclerosis  
Hypertrophy of heart  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) E. B. Dunsen, M. D.  
(Address) Lathrop, Mo.

