

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.

JUL 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*Registration District No. *791*Township *St. Louis*Primary Registration District No. *1603*City *St. Louis*(No. *Missouri Pacific Hosp* St. *Ward*)File No. *21284*Registered No. *5219*2. FULL NAME *Miss Ida M C Kinney*(a) Residence, No. *3971*

(Usual place of abode)

Balanced Ave St., *19* Ward.

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

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

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

7. AGE

YEARS

MONTHS

DAYS

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

OCCUPATION

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

Diet operator

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

Mo Pac Ry Co

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

11. Total time (years) spent in this occupation *9*

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

MOTHER FATHER

13. NAME *Ida M C Kinney*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York City, NY*15. MAIDEN NAME *Elizabeth Bolander*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*17. INFORMANT (ADDRESS) *J M C Kinney*

18. BURIAL, CREMATION, OR REMOVAL

Lutheran Trinity Cem DATE *6-17* 19*35*19. UNDERTAKER (ADDRESS) *Ed Halitzky*

20. FILED

19

JUN 15 1935

J A Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 14* 19*35*22. I HEREBY CERTIFY that I attended deceased from *May 16* 1935, to *June 14* 1935I last saw him alive on *June 14* 1935 Death is saidto have occurred on the date stated above, at *10:05* a.m.

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

- Septic hemiplegia*
- Pneumonia*
- Cerebral thrombosis*

Date of onset *2*

Other contributory causes of importance:

1-Hypertensive heart disease

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) *Arthur M. Boyd* M. D.(Address) *Mo. Pacific Hospital*

