

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

Do not use this space.

DEC 17 1935

35397

1. PLACE OF DEATH

County CAPE GIRARDEAU

Registration District No. 128

File No. _____

Township _____

Primary Registration District No. 3009

Registered No. 336

City Cape Girardeau (No. 1st Ward)

St. Mo.

St. _____

Ward 1st

2. FULL NAME

Baby Boy Kinder

(a) Residence, No. _____

St. _____

Ward. _____

Elmo 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.

2 1/2 How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

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)

7. AGE

YEARS

MONTHS

DAYS

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

OCCUPATION

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

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)

Cape Girardeau, Mo

FATHER

13. NAME Mr. Edward Kinder

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

Ferguson Mo

MOTHER

15. MAIDEN NAME Miss Pauline Kessel

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

Elmo Mo

17. INFORMANT (ADDRESS)

Mrs. Alma Kessel Elmo Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmo Mo DATE 11-23-1935

19. UNDERTAKER (ADDRESS)

Bellevue Hosp Elmo, Mo

20. FILED

19

Registrar

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

Nov 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Nov 22, 1935, to Nov 23, 1935

I last saw him alive on Nov 23, 1935. Death is said to have occurred on the date stated above, at 12:09 a.m.

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

Prematurity

Other contributory causes of importance:

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? No

If so, specify _____

(Signed) J. H. Cochran, M. D.

(Address) Cape Girardeau, 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.

