

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.

MAR 17 1936

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

Do not use this space.

4918

1. PLACE OF DEATH  
 County Cape Girardeau Registration District No. 125  
 Township Cape Primary Registration District No. 3009  
 City Cape Girardeau (No.       ) St.        Ward       

2. FULL NAME John William Kinder St. Francis Hospital  
 (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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie Mae Kinder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct, 29, 1869</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>3</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gravel Hill Mo</u>		
13. NAME <u>Mathew Kinder</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape County</u>		
15. MAIDEN NAME <u>Berry</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape County</u>		
17. INFORMANT <u>Mrs. Jessie M. Kinder</u> (ADDRESS) <u>Lutesville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Slaybaugh Cemetery</u> DATE <u>2-13-36</u>		
19. UNDERTAKER <u>Andrew J. Gaskins</u> (ADDRESS) <u>      </u>		
20. FILED <u>2-11-36</u> <u>J. M. Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/11/36 to 2/11/36, 1936  
 I last saw him alive on 2/11/36, 1936 Death is said to have occurred on the date stated above, at 10 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic  
of Bladder  
 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?  
 If so, specify         
 (Signed) Ab. Smith, M. D.  
 (Address) Cape Girardeau

