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 23 1936

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

Do not use this space.

6831

File No.

Registered No. 3

1. PLACE OF DEATH
County Marion
Township Warren
City ..... No. ..... St. ..... Ward)
Registration District No. 552
Primary Registration District No. 5745

2. FULL NAME Ola Christian Kinzer

(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 Zetta Kinzer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23-1888

7. AGE: Years 47 | Months 3 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) Jany 14 1936
11. Total time (years) spent in this occupation all

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

FATHER

13. NAME Pliney Paul Kinzer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know.

MOTHER

15. MAIDEN NAME Laura Ann Mayes.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Zetta Kinzer
(ADDRESS) Monroe City Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jude Cemetery DATE Feby 6 1936

19. UNDERTAKER Wilson & Son
(ADDRESS) Monroe City Mo.

20. FILED Feb 5 1936 Mrs Alta V. Wagner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1936 to Feb 4 1936
I last saw him alive on Feb 4 1936 Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia complicated by alcoholism & toxic condition & chronic Cirrhosis	Jan 26 1936
Other contributory causes of importance:	
Acute Coryza	Jan 23 1936

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) W. D. Pitman M. D.
(Address) Monroe City, Mo.