CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 24 1936

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

Do not use this space.

7070

1. PLACE OF DEATH

County Pemiscot — Registration District No. 651 — File No.

Township Little Prairie — Primary Registration District No. 4388 — Registered No. 83

City Caruthersville (No. ..... St. ..... Ward)

2. FULL NAME Unnamed Kinkade

(a) Residence, No. ✓ St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-13-1936

7. AGE: YEARS 0 — MONTHS 0 — DAYS 2 — If LESS than 1 day, 2 hrs. or ✓ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Infant
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): Caruthersville, ~~Mo.~~ Mo.

FATHER

13. NAME: Albert A. Kinkade
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Jinnie V. Frazier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooter, Mo.

17. INFORMANT (ADDRESS): Jinnie Kinkade, Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: County Farm DATE: 2-15-1936

19. UNDERTAKER (ADDRESS): Friends, Caruthersville Mo.

20. FILED: March 3, 1936 Ada Martin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1936, to 2-15, 1936

I last saw him alive on Feb 14, 1936. Death is said to have occurred on the date stated above, at 2 a m.

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

Premature Birth

Date of onset

Other contributory causes of importance: undetermined

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) A. B. Conrad, M. D.

(Address) Caruthersville, Mo.