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.

FEB 25 1936

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

Do not use this space.

8951

File No. .....

Registered No. 3

1. PLACE OF DEATH

County Vernon Registration District No. 871

Township Osage Primary Registration District No. 615-5

City Nevada (nearest city) St. Ward)

2. FULL NAME Estella Ramsey Kinnick

(a) Residence, No. Centralia, Okla 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
53	1882	Aug		

OCCUPATION

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

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) Great Bend, Ks

FATHER

13. NAME Robert Ramsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muscatine, Iowa

MOTHER

15. MAIDEN NAME Catherine O'Brien

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muscatine, Iowa

17. INFORMANT (ADDRESS) Bernice Kennick-Daughter

18. BURIAL, CREMATION, OR REMOVAL PLACE removal Centralia Okla DATE Feb 4, 1936

19. UNDERTAKER (ADDRESS) Ferry Funeral Home - Nevada, Mo

20. FILED Feb 2 - 1936
C. M. Musser, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw her alive on Feb 2nd, 1936. Death is said to have occurred on the date stated above, at 2 P.m.

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

	Date of onset
Automobile collision on Highway No. 71, Near Panama, Mo. 15 Mi N. of Nevada, Mo. Internal injuries.	

Other contributory causes of importance: 210M

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? accidnet Date of injury 2-2-1936

Where did injury occur? highway 71 N. Nevada, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On public highway

Manner of injury internal injury

Nature of injury internal injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) L B Henry Coroner, M.D.

(Address) Nevada, Mo