APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 13077

Township ..... Primary Registration District No. 1003 ..... Registered No. 3148

City St Louis (No. City ..... St. ..... Ward)

71635

2. FULL NAME Alice Kinnear

(a) Residence, No. 5140 St. Hamilton Ward. 6
(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: Female

4. COLOR OR RACE: Wh

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) July 2 - 1859

7. AGE: Years 76 | Months 8 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

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) St Louis Mo

FATHER

13. NAME Oliver Kinnear

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

MOTHER

15. MAIDEN NAME Lucinda Allison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Mrs J. [illegible] St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL Valley Montana Mar 24 1936

19. UNDERTAKER (ADDRESS) Chas E. Sumner 1925 Marion Blvd

20. FILED MAR 23 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/22/36 19

22. I HEREBY CERTIFY, That I attended deceased from 1/16 36, to 3/22/36, 19..., I last saw her alive on 3/22/36 19..., Death is said to have occurred on the date stated above, at 12 m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Intertrochanteric fracture Rt femur	

Other contributory causes of importance:

Chronic myocarditis

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? Accident Date of injury 1-16, 1936
Where did injury occur? St Louis Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Fell to street
Manner of injury .....
Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible], M. D.

(Address) City Hospital

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.