MAY 19 1936

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

Do not use this space. 15310

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Blue — Primary Registration District No. 1002 — Registered No. 26028

City Kansas City (No. 515 Skiles Ave St. Ward)

2. FULL NAME Isebelle E. Kinny

(a) Residence, No. 515 Skiles Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David R Roselyn Kinny

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan/22/1856

7. AGE: 80 YEARS — MONTHS: 2 — 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. Housewife
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) Ill

FATHER

13. NAME David Perry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Polly Howard.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs Rose Holder. 515 Skiles

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope DATE 4/18 1936

19. UNDERTAKER (ADDRESS) SHEIL FUNERAL HOME 6606 INDEPENDENCE AVE.

20. FILED Apr 16, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-9-36, 19..., to 4-16-36, 19...

I last saw her alive on 4-9-36, 19... Death is said to have occurred on the date stated above, at 5:00 a.m.

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

	Date of onset
Myocardial failure	
Bronchopneumonia	4 day

Other contributory causes of importance:

Senility 1070

Name of operation Chronical Date of

What test confirmed diagnosis? Was there an autopsy? Nro

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) [signature], M. D.

(Address) Independence Mo

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD