JUN 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 404 — File No. 19749

Township Washington — Primary Registration District No. 5558 — Registered No. 46

City ~~Kansas City, Mo.~~ (No. 8440 Flora St. Ward)

2. FULL NAME Aaron Kinslow

(a) Residence, No. 8440 Flora 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: ——

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 3, 1880

7. AGE: YEARS 56 — MONTHS 1 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer Rock House

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): Missouri

FATHER

13. NAME: Page Kinslow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Lydia Huckelby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs. May Pollard, 8440 Flora

18. BURIAL, CREMATION, OR REMOVAL — PLACE Greenlawn DATE May 20 1936

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway

20. FILED 6-9- 1936 Mrs Jos. T. Brennan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from May - 16, 1936 to May 18, 1936

I last saw him alive on May 17, 1936. Death is said to have occurred on the date stated above, at 12 m. A. M.

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

Bronchial Pneumonia — Date of onset May 15

92a

Other contributory causes of importance:

Mitral Insufficiency

Name of operation — 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) Carl A. Jackson, M. D.

(Address) 507 Commerce

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2 100M-11-24-33

Dr. Carl Jackson

12-4-o'clock

Commerce Bl[illegible]

(we issue permits here.)