

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

Do not use this space.

AUG 15 1936

25620

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. Missouri Methodist Hospital)

File No. _____
Registered No. 983
St. _____ Ward _____

2. FULL NAME Hibbert Kinder

(a) Residence, No. 1509 South 24th. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 .1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Ann Kinder

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1936, to July 24, 1936
I last saw him alive on July 24, 1936. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 19, 1857

to have occurred on the date stated above, at 11:10 P.M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 6 5

Hemiplegia (rt.) Date of report 7/27/36

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. L. McDonald Factory.
10. Date deceased last worked at this occupation (month and year) Unknown. 11. Total time (years) spent in this occupation 30

Other contributory causes of importance:
Arteriosclerosis 1930

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Wisconsin.

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? no

FATHER 13. NAME Levy Kinder.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Unknown.

MOTHER 15. MAIDEN NAME Cynthia Powell.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Unknown.

17. INFORMANT (ADDRESS) Mrs. R. A. Haden. 1509 South 24th St.

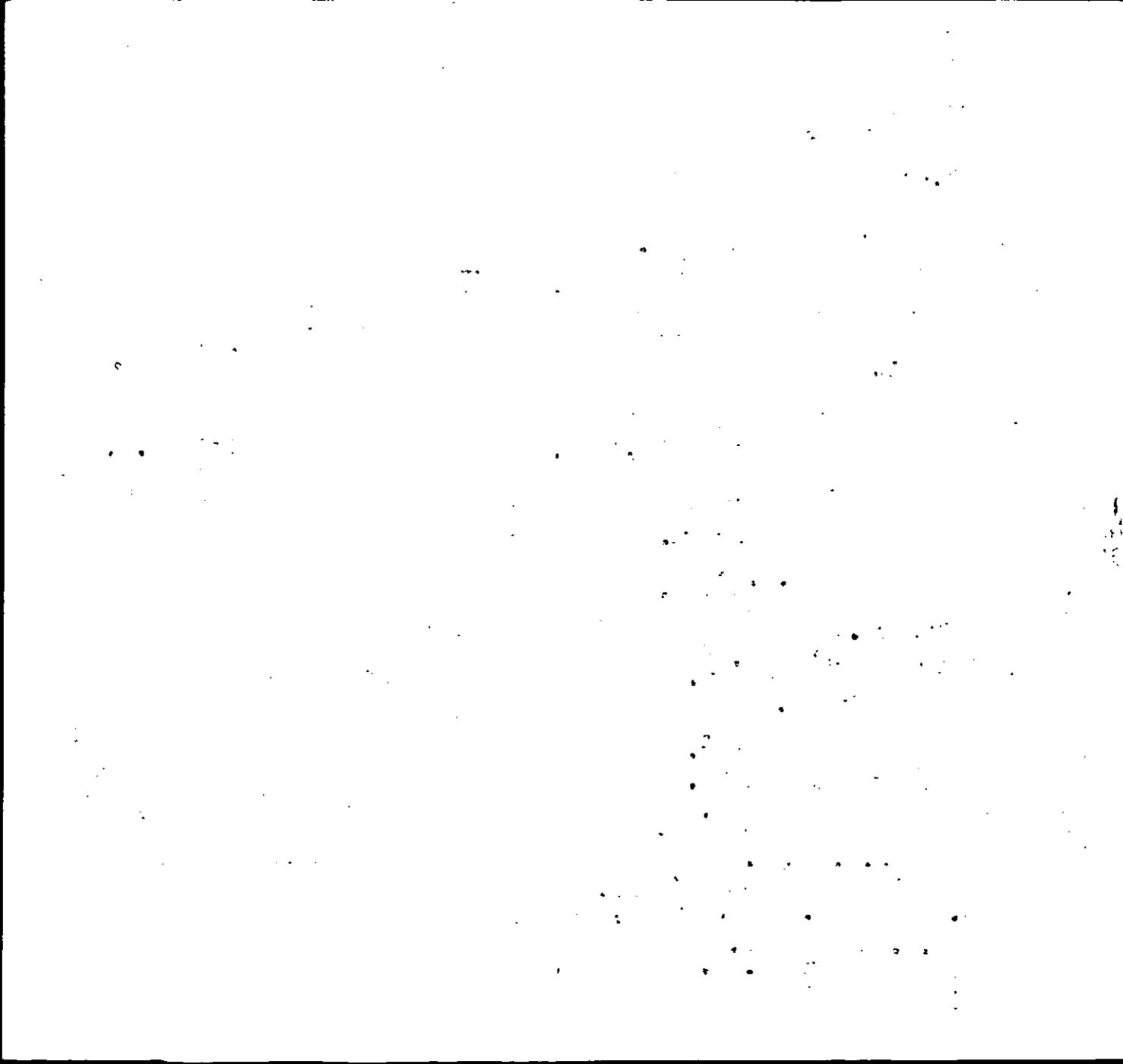
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park. St. Joseph Mo. DATE July 27, 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden. 1802 Union St. St. Joseph Mo.

20. FILED July 26, 1936 H. Nestor Registrar.

23. If death was due to external causes (violence) all is 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) H. Thompson M. D.
(Address) 820 Church St. St. Joseph



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1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. _____

Township _____

Primary Registration District No. 1001

Registered No. 983

City St. Joseph (No. _____)

St. _____ Ward _____

2. FULL NAME

Wilbert Kinder

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

W

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

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

7. AGE

YEARS
79

MONTHS

6

DAYS

5

If LESS than 1 day, _____ this 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.

10. Date deceased last worked at this occupation (month and year)

Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED 7/26 1936 A. J. Westhaus Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1936

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

I last saw _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Hemiplegia (rt)

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage

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 _____, 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) J. E. Thompson, M. D.

(Address) 828 Charles St. Joseph Mo

S-25621

MEMORANDUM