

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

Do not use this space.

27613

1. PLACE OF DEATH

County Oletha
Township Creston
City (No.) St. Ward)

Registration District No. 693
Primary Registration District No. 5920

File No.
Registered No.

2. FULL NAME

Joseph Walter Kindee

(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

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 16, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 10 13

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

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) Canada

13. NAME George Kindee

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

15. MAIDEN NAME Mary Mc. Donell

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

17. INFORMANT (ADDRESS) Deverez Spangler Smithville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel, Nebraska DATE July 21, 1936

19. UNDERTAKER (ADDRESS) H. H. Sullivan

20. FILED 8/6 1936 Vivian R. Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936 to July 29, 1936

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 4:10 P. M.

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

Valvular Heart disease mitral

Date of onset

Other contributory causes of importance:

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 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) J. H. Purse M. D.

(Address) Smithville Mo. R-2

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

