

AUG 28 1936
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29498

1. PLACE OF DEATH

County... *Seath* Registration District No. *720*
 Township... *Marion* Primary Registration District No. *66 69*
 City... (No. *RFD #1*) St. _____ Ward _____

2. FULL NAME

James F. Kink
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred *3* 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

3. SEX	<i>Male</i>	4. COLOR OR RACE	<i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	<i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF	<i>Kanassy Kink</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	<i>Jan. 16 - 1861</i>				
7. AGE	YEARS	MONTH	DAYS	IF LESS than 1 day, hrs. or min.	
	<i>75</i>	<i>6</i>	<i>1</i>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	<i>Farmer</i>				
	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
<i>Jan. 1905</i>					<i>25</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
<i>Greenburg Mo</i>					
FATHER	13. NAME				
	<i>Isaac Kink</i>				
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
	<i>No record</i>				
15. MAIDEN NAME					
<i>No record</i>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
<i>" "</i>					
17. INFORMANT (ADDRESS)					
<i>Ernie Kink RFD #1</i>					
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE					
<i>Walch Cem. Sand. Mo. July 15 36</i>					
19. UNDERTAKER (ADDRESS)					
<i>W. H. Schuman</i>					
20. FILED					
<i>8/4 1936</i>					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 17 1936*

22. I HEREBY CERTIFY That I attended deceased from *July 14 1936* to *July 17 1936*
 I last saw him alive on *July 16 1936* Death is said to have occurred on the date stated above, at *2:30 P.M.*
 The principal cause of death and related causes of importance were as follows:
Nephritis (chronic) Date of onset *1931*
 Other contributory causes of importance: *Senility*

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. Hordrey*, M. D.
 (Address) *Chaffin Mo*

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

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.

