

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.

Mr. King
MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 579 File No. 7218
Township Mary Primary Registration District No. 13074 Registered No. 686
City Sannibal (No. Revering Hospital) St. 6 Ward

2. FULL NAME

Anna Pauline Kinsey
(a) Residence, No. 1541 Lindelle Ave 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? . yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur S. Kinsey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17 1902</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>7</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATIONS	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Ralls Co., Mo.</u>		
FATHER	13. NAME <u>James Snell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ralls Co., Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Wilhelm</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ralls Co., Mo.</u>	
	17. INFORMANT (ADDRESS) <u>Arthur S. Kinsey</u> <u>Sannibal, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. Street Cem.</u> DATE <u>Feb 8 - 1937</u>	
	19. UNDERTAKER (ADDRESS) <u>W. J. Schumaker</u> <u>Sannibal, Mo.</u>	
	20. FILED <u>Feb 19 1937</u> <u>St. C. Fisher</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1937 to Feb. 6 1937
I last saw her alive on Feb 6 1937. Death is said to have occurred on the date stated above, at 9:45 P.M.
The principal cause of death and related causes of importance were as follows:
Influenza Pneumonia Date of onset 11/0

Other contributory causes of importance:
Emphysema

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 As Blue, M. D.
(Signed) As Blue
(Address) Sannibal

