WHITE 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.

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH
11 County Webster — Registration District No. 897 — File No. 9304
Township Finley — Primary Registration District No. 6901 — Registered No.
City Seymour (No. ..., ... St. ..... Ward)

2. FULL NAME John S. Kinnermer
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 7 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah E. Kinnermer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec.-6-1858

7. AGE: YEARS 78 — MONTHS 2 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME: J. H. Kinnermer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

MOTHER
15. MAIDEN NAME: Nancy Mayples
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

17. INFORMANT (ADDRESS): James Kinnermer Belton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Antioch Cem. DATE: Feb-20 1937

19. UNDERTAKER (ADDRESS): Kelley-Ferrell-Funeral Home Seymour

20. FILED 3-4 37 W H Bollinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb.-18 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1937, to Feb 18, 1937
I last saw him alive on Feb 17, 1937. Death is said to have occurred on the date stated above, at 11.50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Flu and Bronchial Pneumonia	Fl 40.5

11a

Other contributory causes of importance: Old age

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 A Fuson, M. D.
(Address) Mansfield Mo

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