

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH

 County *Demio of Co*
 Township *Little River*
 City *Wardell Mo* (No. _____) St. _____ Ward _____

 Registration District No. *1099*
 Primary Registration District No. *5868*

 File No. *12908*
 Registered No. _____

2. FULL NAME

William Ira Kinningham
 (a) Residence, No. *Wardell Mo*, St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

 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.

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 *Julia Kinningham*

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

 7. AGE YEARS *43* MONTHS *11* DAYS *30* 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) *Demio Co.* (STATE OR COUNTRY) *Miss*

 MOTHER FATHER
 13. NAME *Ira Kinningham*

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

 15. MAIDEN NAME *Melitia Pitt*

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

 17. INFORMANT *J. R. Kinningham* (ADDRESS)

 18. BURIAL, CREMATION, OR REMOVAL PLACE *Wt. For* DATE *Mar 4* 19*37*

 19. UNDERTAKER *H. B. Smith* (ADDRESS) *Caruthersville*

 20. FILED *3-9* 19*37* *J. L. Cream* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/3* 19*37*
 22. I HEREBY CERTIFY, That I attended deceased from *Feb. 25* - 19*37*, to *Feb 26*, 19*37*

 I last saw him alive on *Feb 26*, 19*37* Death is said to have occurred on the date stated above, at *9 a.m.*

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

Influenza not Date of onset *Feb 12*
abundant who 1/2 half of death *1937*

 Other contributory causes of importance:
Broncho-pneumonia

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? *No*
 If so, specify _____

 (Signed) *A. D. Reeder*, M. D.
Ponlogville

(Address) _____

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.

