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.

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

Do not use this space.

MAY 15 1937

15091

1. PLACE OF DEATH
County Jackson — Registration District No. 599 — File No. 1637
Township Ben — Primary Registration District No. 1002 — Registered No.
City Kansas (No. Gen Hosp H 2 St. Ward)

2. FULL NAME Claude Kinney
(a) Residence, No. 2437 Flora St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 1902
7. AGE YEARS 35 MONTHS 0 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Kansas City Mo.

FATHER
13. NAME Jessie Lee Kinney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mary McHenry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mae Kinney 2437 Flora
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge DATE 3-5 1937
19. UNDERTAKER (ADDRESS) Sawyer Crisp & Twenty 1119 E. 18th St.
20. FILED 4-5 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24/37, 19
22. I HEREBY CERTIFY, That I attended deceased from Deputy Corner, 19, to 1148, 19 I last saw h alive on 19 Death is said to have occurred on the date stated above, at 1148 m.
The principal cause of death and related causes of importance were as follows:
Stricture of the urethra — Date of onset
Pelvic abscess Tuberculous
Pelvic peritonitis
Other contributory causes of importance:
W 27a
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) [signature] 4, M. D.
(Address) [signature]