

JUL 3 0 1937

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

Do not use this space.

24384

1. PLACE OF DEATH

County *Morgan*

Registration District No. *597*

Township *Osage*

Primary Registration District No. *57FD*

City *Gravasis Mills* (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME *Harriett Ann Kinlock*

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____ mos. _____

How long in U. S., if of foreign birth?

yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>FM</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Widow</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>W. W. Kinlock</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 31-1859</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<i>67</i>	<i>78</i>	<i>4</i>	<i>28</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at Home</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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Noble Co. Ind.*

13. NAME *Mrs. Conrad*

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

15. MAIDEN NAME *Sarah Gilbert*

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

17. INFORMANT *Mrs. C. W. Kavanaugh*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wissalles Cem.* DATE *July 1 1937*

19. UNDERTAKER *W. F. Kidwell*

(ADDRESS) *Versailles, Mo.*

20. FILED *7-10 1937 H. C. Catlin*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 28 1937*

22. I HEREBY CERTIFY That I attended deceased from *Oct. 21 1935* to *Nov. 25 1935*
I last saw her alive on *June 24 1937*. Death is said to have occurred on the date stated above, at *7:30 P.M.*

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

Myocardial degeneration?

Chronic Gastritis with acute flare-ups

Other contributory causes of importance: _____

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 *4*

24. Was disease or injury in any way related to occupation of deceased? *No.*
If so, specify (Signed) *P. F. Eckhoff D.O.* (Address) *Versailles, Mo.*

(Coroner Morgan County)

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.

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