

**OCT 20 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City Independence (No. _____ St. _____ Ward)

File No. 34432
Registered No. 312

2. FULL NAME

John F. Kinkead
(a) Residence, No. 1826 South Hedge St. _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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 <u>male</u> | 4. COLOR OR RACE <u>wh</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Kinkead</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24 - 1866</u> | | |
| 7. AGE <u>71</u> | YEARS <u>1</u> | MONTHS <u>27</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u> | | 11. Total time (years) spent in this occupation |
| 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) | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1937 to Sept 21, 1937.
I last saw him alive on Sept 20, 1937. Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:
Ch Myocarditis decompen
Uremia

| | |
|---------------|---------------|
| Date of onset | <u>8.3.37</u> |
| | <u>9.1.37</u> |

Other contributory causes of importance:
Ch Myocarditis
Hypertension
Hemiplegia

Name of operation None 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) George M. Peck M. D.
(Address) 110.37. Ureman Rd. Indep. Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Westport Mo

13. NAME
James A. Kinkead

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Frankford Ky.

15. MAIDEN NAME
Dorcas Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Derington Kentucky

17. INFORMANT (ADDRESS)
Glenn Hendleton 1824 Hedge

18. BURIAL, CREMATION, OR REMOVAL PLACE
Carrollton, Mo. DATE Sep 23 1937

19. UNDERTAKER (ADDRESS)
Ott & Mitchell Independence, Mo.

20. FILED 9-24-37 F. D. Cook Registrar.

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.

93C

ST. JOHN OF THE BAPTIST
HOME OF CHARITY BUNBURY
VOTER REGISTRATION

YOUTH
C. F. B. I. O. C. T. B.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

34432

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson

Registration District No. 398

(b) Township Blue

Primary Registration District No. 5554

(c) City

(d) Street No.

Registered No. 312

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John F Kinhead

(a) Residence, No. St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

m

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

m

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

71

1

27

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work
was done, as saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

Chronic myocarditis
Chronic nephritis

Date of onset

Other contributory causes of importance:

131

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) George M Guehn, M. D.

(Address) 110 37th Avenue
Independence Mo

12. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED 9-24-1937 J. L. Cook
Local Registrar

