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.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1511
Township Kaw — Primary Registration District No. 1002 — Registered No. 199
City Kansas City (No. Lakeside Hosp. St. Ward)

2. FULL NAME Miss Irma Annetta Kin[illegible]
(a) Residence, No. 1603 Linwood Blvd. K. C. Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
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) July 1, 1904

7. AGE: YEARS 33 — MONTHS 6 — 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. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jaguar Fish Co.
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) Ill.

FATHER
13. NAME W. F. Kin[illegible]
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Cornelia ScHoenen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. W. F. Kin[illegible] 1603 Linwood Blvd. K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE St. Marys Ceme DATE 1/17/38 19

19. UNDERTAKER (ADDRESS) W. F. Mayberry 2315 Linwood Blvd. K. C. Mo.

20. FILED Jan 14 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/13/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to Jan 13, 1938
I last saw her alive on Jan 13, 1938. Death is said to have occurred on the date stated above, at 12 45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Pneumococcus) (non-contagious)	4 days
108	
Other contributory causes of importance: Lobar pneumonia	1 day

Name of operation none Date of
What test confirmed diagnosis? spinal puncture Was there an autopsy? no

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) Otto J. Reisman, M. D.
(Address) 1111 Grand Ave KC Mo.

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Dr. Reisman
Hse Dr. of Health Bulletin
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