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.

REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County: Howell — Registration District No.: 385 — File No.: 6934

46 Township: Willow Springs — Primary Registration District No.: 5536 — Registered No.:

City: Willow Springs, Mo. — St. — Ward)

2. FULL NAME: George Allen Kinder. 536

(a) Residence, No. — St., — Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 4th, 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
84	1	19	

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) (STATE OR COUNTRY): Iowa

FATHER

13. NAME: Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mrs Rebecca Kinder, Willow Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Mountain View, Mo. DATE: 2/25/ 1938

19. UNDERTAKER (ADDRESS): T. R. Burns & Son. Willow Springs, Mo.

20. FILED: 2-24, 1938 Lorette Ferguson, Registrar. 345

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-23-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-7-, 1938, to 2-25-, 1938

I last saw him alive on 2-22-, 1938. Death is said to have occurred on the date stated above, at 4:00 a.m.

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

	Date of onset
Cerebral Thrombosis	2-21-38
186	

Other contributory causes of importance:

Fracture Left Hip	2-6-38
Gent. Arteriosclerosis	
Senility	

Name of operation: — Date of:

What test confirmed diagnosis? Clinical — 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: 2-6, 1938

Where did injury occur? Willow Springs Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in Home

Manner of injury: Fell down

Nature of injury: Fracture of left Hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) C. F. Callihan, M. D.

(Address) Willow Springs, Mo.