

REC'D MAY 13 1938

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

15721

Do not use this space.

94
1. PLACE OF DEATH
5 (a) County St. Francois Registration District No. 773
1 (b) Township " Primary Registration District No. 4464 Registered No. 43
(c) City Farmington (d) Street No. Patterson Street St.
(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 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME MARY ELIZABETH KINDER 536
(a) Residence, No. 206 Patterson St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FRANK KINDER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1860
7. AGE YEARS 77 MONTHS 9 DAYS 26 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. housekeeper
10. Date deceased last worked at this occupation (month and year) housekeeper
11. Total time (years) spent in this occupation

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

FATHER 13. NAME (?) ERVIN

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

MOTHER 15. MAIDEN NAME ?
Unknown

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

17. INFORMANT Mrs A. N. Devore
(ADDRESS) Farmington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Advance Mo. DATE April 5, 1938

19. FUNERAL DIRECTOR Farmington Und Co
(ADDRESS) Farmington Mo.

20. FILED April 4, 1938 V. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1937 to April, 1938
I last saw h. or alive on April 3, 1938. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset 4-2-38
93 C
Other contributory causes of importance:
Chronic Bronchial Asthma several years
Essential atherosclerosis + Chronic Myocarditis

Name of operation Church Date of ?
What test confirmed diagnosis? Church 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) V. J. Robinson, M. D.
Farmington Mo (Address) 699

STATEMENT BY LICENSED EMBALMER

I, Nellie Harter, Licensed Embalmer No. 2969

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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15-721
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1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township _____ Primary Registration District No. 4464 Registered No. _____
 (c) City Farmington (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Mary Elizabeth Kinder

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 8 4

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
1935-4-4
1860-7-30
77-8-4

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 July 1 - 1938 T. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19__ to _____ 19__

I last saw him _____ 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:

Date of onset

Other contributory causes of importance: _____

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) B. J. Robinson, M. D.

(Address) Farmington Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-15721 1938