

NOV 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Saline

Registration District No. 801

Township

Primary Registration District No. 4480

City Sweet Springs No.

File No. 36928

Registered No. 20

2. FULL NAME

(a) Residence, No. 520 Leonard St., Thomas Kinsie Ward.

(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 male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8 - 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min. 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child  
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) Sweet Springs Mo  
Saline Mo

13. NAME Robert Kinsie

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

15. MAIDEN NAME Gertrude Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

17. INFORMANT (ADDRESS) Robert Kinsie  
Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sweet Springs Mo DATE October 29 1938

19. UNDERTAKER (ADDRESS) Perce Harvey  
Sweet Springs Mo 708

20. FILED Oct 28 1938 Mrs John Schellenberger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1938 to Oct 28 1938.  
I last saw him alive on Oct 27 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Diarrhea Date of onset 10/27/38

Other contributory causes of importance: Dehydration

Name of operation Date of operation  
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) Leaburn Ellis M. D.  
(Address) Sweet Springs, Mo

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.

RECORDING INFORMATION THIS IS A PERMANENT RECORD

RECEIVED  
District Health Officer No. 8,  
District File Number 11/8/38  
Date Filed