

1939 FEB 27 1939

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

Do not use this space.

1. PLACE OF DEATH

County Lincoln
Township Siles
City Siles (No. _____, St. _____ Ward)

Registration District No. 490
Primary Registration District No. 4297

File No. 7062
Registered No. 1

2. FULL NAME

(a) Residence, No. _____ 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry C. Kinsler</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 2 - 1865</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>7</u>	<u>8</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>
	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)
Cass, Mo.

13. NAME
John C. Williams

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

15. MAIDEN NAME
Margaret Cox

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

17. INFORMANT (ADDRESS)
Mrs. Edith A. Tyler

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Funeral Home Feb 12 1939

19. UNDERTAKER (ADDRESS)
Funeral Home Siles, Mo.

20. FILED 2-10-39 Registrar H. J. Hamilton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 10 - 1939

HEREBY CERTIFY That I attended deceased from Feb. 1 - 1939 to Feb. 10 - 1939

I last saw her alive on Feb. 10 - 1939 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Influenza
Chronic Bronchitis

Other contributory causes of importance:

Chronic Bronchitis

Name of operation None 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 _____, 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) O. H. J. Hamilton, M. D.

(Address) Siles, 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.

