

REC'D MAR 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 830
Township Saget River Primary Registration District No. 6091
City St. Louis, Mo. (No. _____ St. _____ Ward _____)

File No. 7991
Registered No. 12

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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Roe Kinnerly</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April - 23 - 1863</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>9</u>
		DAYS
		<u>12</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 5 - 193922. I HEREBY CERTIFY, That I attended deceased from 2-1-39, 19____, to 2-5-39, 19____.I last saw her alive on 2-5-39, 19____. Death is saidto have occurred on the date stated above, at 3 P. m.

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

Bulbar Paralysis - 2/1-39

Date of onset

Other contributory causes of importance:

Hypertension12. BIRTHPLACE (CITY OR TOWN) Monroe Co. Mo.
(STATE OR COUNTRY)13. NAME Tom Kinnerly14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)15. MAIDEN NAME Jane Maupit16. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)17. INFORMANT Roe Kinnerly
(ADDRESS) St. Louis - Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE 2003 - Shelburne DATE Feb - 7 - 3919. UNDERTAKER Melvin + Bayless
(ADDRESS) St. Louis, Mo20. FILED Feb 9, 1939 Ruth Jayner
Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis Chical 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) A. M. Hook(Address) Shelburne

_____, M. D.

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.

WRITE PLAINLY, WITH UNFADING INK.

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RECEIVED

District Health Officer No. 10

District File Number 10-39-458

Filed MAR 13 1959