

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

Do not use this space.

35486

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 102
St. Ward)

2. FULL NAME Benjamin Grace Kinder

(a) Residence, No. Martinville St. 3 rd 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 Male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	75	0	8	

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) Johnson County
(STATE OR COUNTRY) Missouri

13. NAME Solomon Kinder

14. BIRTHPLACE (CITY OR TOWN) Somerset
(STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Sarah Markham

16. BIRTHPLACE (CITY OR TOWN) Lexington
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Benjamin Kinder
(ADDRESS) Clinton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE Nov. 28 1932

19. UNDERTAKER Sims Funeral Home
(ADDRESS) Clinton, Missouri

20. FILED 11/28 1932 Ed C. Peeler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1932

22. I HEREBY CERTIFY, that I attended deceased from Oct 13 1932 to Nov 26 1932

I last saw him alive on Nov 25 1932 Death is said to have occurred on the date stated above, at 20 m.

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

Cerebral Hemorrhage
Left side

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? 1

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 1 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 Samuel D. King M.D.

(Signed) Ed C. Peeler, M. D.
(Address) Clinton, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 9 1933

MARKED RESERVED FOR BINDING

Consumer

