

DEC 22 1930

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

Do not use this space.

36697

1. PLACE OF DEATH

County Lincoln
Township Bedford
City Bedford

Registration District No. 491
Primary Registration District No. 5654

File No.
Registered No. 47
St. Ward)

2. FULL NAME

John Henry Kinison
(a) Residence No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Troy mo

PARENTS

10. NAME OF FATHER James Kinison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Troy mo

12. MAIDEN NAME OF MOTHER Nancy Simmons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14.

INFORMANT Mrs. Henry Kinison
(Address) Troy mo

15.

FILED 11-26, 1930 W. F. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1930 to Nov 24, 1930 that I last saw him alive on Nov 24, 1930, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thromb. Phlebitis of Femoral Vein
100%

CONTRIBUTORY (SECONDARY)

Senility (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. P. Smith, M. D.

, 19 (Address) Troy mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Sulphur Lake 11-27 1930

20. UNDERTAKER ADDRESS

Kempers Bros Troy 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.

