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 STRONG INK. THIS IS A PERMANENT RECORD

AUG 23 1935

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

Do not use this space.

25188

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township — Primary Registration District No. 6248B — Registered No. 244

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME John F. Kinney

(a) Residence, No. 2609 No. 10th Street St., Ward. St. Louis, Missouri
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 21, 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Campbell Iron Co.

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT W. C. Gibson, M.D.
(ADDRESS) Vet. Adm. Facility, Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Cemetery DATE July 18, 1935

19. UNDERTAKER Edw. H. Howard & Son
(ADDRESS) 4212 St. Louis Ave.

20. FILED July 16 1935 J. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1934, to July 15, 1935

I last saw him alive on July 15, 1935. Death is said to have occurred on the date stated above, at 10:05 P.M.

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

	Date of onset
Myocarditis, with hypertrophy and dilatation, congestive type of cardiac failure.	Unkn.

Other contributory causes of importance:

Bronchitis, chronic, asthmatic type; emphysema; pernicious anemia	Unkn.

Name of operation None Date of

What test confirmed diagnosis? History, physical, x-ray and lab. findings and clinical manifestations. 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) W. C. Gibson, M.D., Chief Med. Officer

(Address) Vet. Adm. Facility, Jeff. Bks., Mo.