

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cole  
Township Marion  
City Centertown

Registration District No. 211/271  
Primary Registration District No. 5291

File No. 45136  
Registered No. 13

2. FULL NAME

(a) Residence, No. Centertown, Mo. H.T. D.  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 9 24

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

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) Cole, Co, Mo

13. NAME John McKimney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Rebecca Tidius

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Aquarius Walker Centertown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE 12/23 1937

19. UNDERTAKER (ADDRESS) Hollibush & Friedmeyer California Mo

20. FILED 12/23 1937 H.T. Leach, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21-1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1937, to Dec 21 1937

I last saw him alive on Dec 21 1937 Death is said

to have occurred on the date stated above, at 2:30 p.m.

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

Acute heart failure

Other contributory causes of importance: hypertension, myocarditis, arteriosclerosis

Name of operation none Date of no

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 \_\_\_\_\_

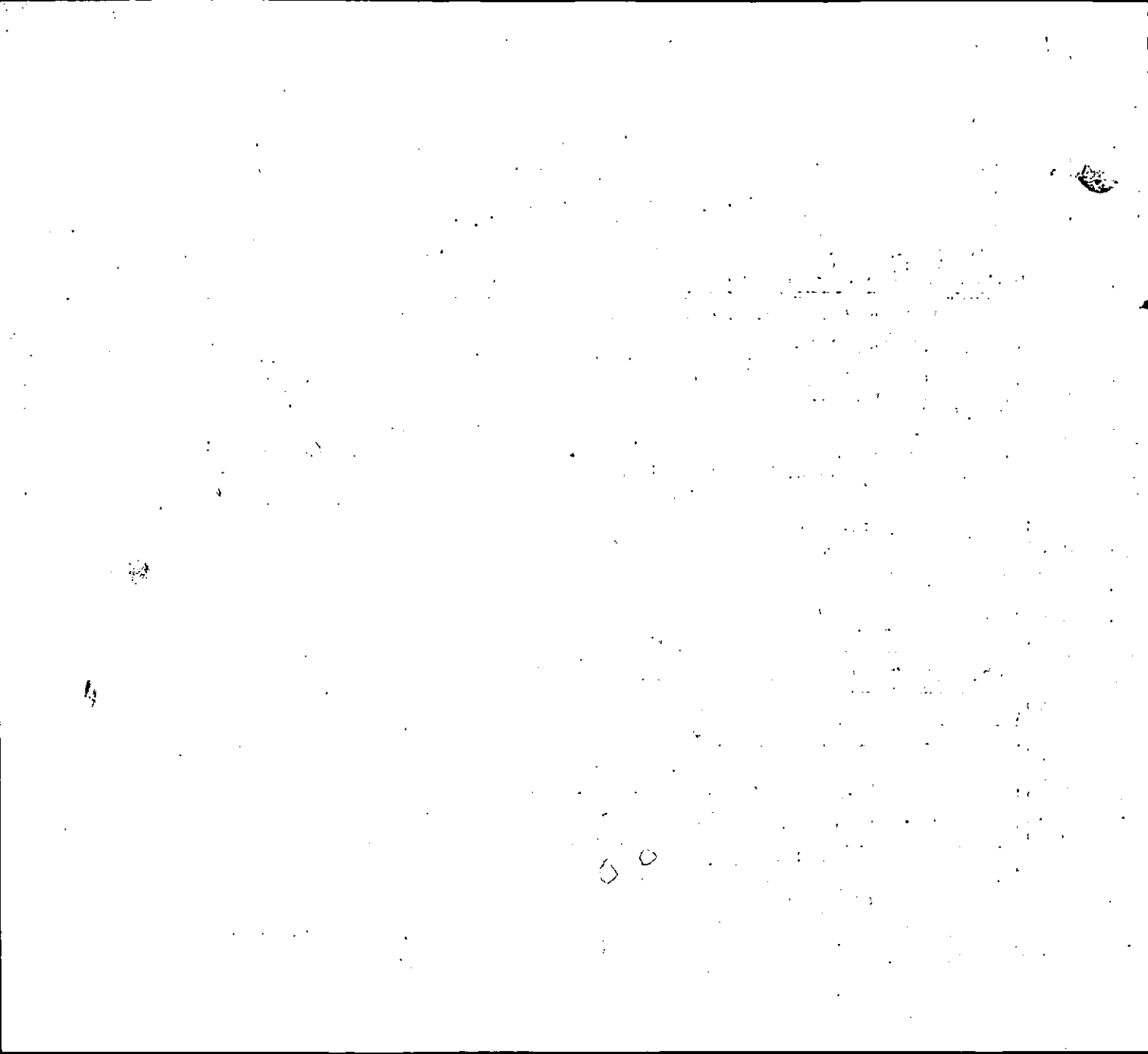
24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) H. D. Taylor, M.D.

(Address) Jefferson City, 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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

40-136X  
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 211  
 (b) Township Marion Primary Registration District No. 5291  
 (c) City ..... (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph M McKinney  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 9 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 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) .....

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE .....

19. FUNERAL DIRECTOR (ADDRESS) .....

20. FILED 12/23 1937 H. T. Leach, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to ... 19...

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....

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

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) H. O. Taylor, M. D.

(Address) Jefferson City 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

