

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.

1 PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County <u>Dunklin</u>			Registration District No. <u>289</u>		File No. _____
Township _____ or Village _____			Primary Registration District No. <u>2178</u>		Registered No. <u>53</u>
City <u>Malden</u> (NO _____) St. _____ Ward _____			(If death occurred in a hospital or institution, give its NAME instead of street and number.)		
2 FULL NAME <u>Alberta Minnie McKinney</u>					
PERSONAL AND STATISTICAL PARTICULARS			1 MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)			
6 DATE OF BIRTH <u>April 14 1917</u> (Month) (Day) (Year)		16 DATE OF DEATH <u>June 21 1918</u> (Month) (Day) (Year)			
7 AGE <u>1</u> yrs. <u>2</u> mos. <u>7</u> ds.		17 I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at <u>5:25</u> a.m.			
8 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry business, or establishment in which employed (or employer) _____		The CAUSE OF DEATH* was as follows: <u>I saw this child about 5 PM June 20. did not prescribe for it as it was being</u> (Duration) _____ yrs. _____ mos. _____ ds.			
9 BIRTHPLACE (City or town, State or foreign country) <u>Malden Mo</u>		CONTRIBUTORY (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.			
PARENTS	10 NAME OF FATHER <u>Henry McKinney</u>		(Signed) <u>Geo. Nelson</u> M. D.		
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Dunklin Co. Mo.</u>		<u>June 22 1918</u> (Address) <u>Malden</u>		
	12 MAIDEN NAME OF MOTHER <u>Elisabeth Jacobs</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Paris Ill.</u>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) <u>Henry McKinney</u> (Address) <u>Malden Mo.</u>					
15 Filed <u>6-22 1918</u> <u>S. E. Mitchell</u> Registrar		19 PLACE OF BURIAL OR REMOVAL <u>Malden Mo.</u>		DATE OF BURIAL <u>6-22 1918</u>	
		20 UNDERTAKER <u>H. L. Craig</u>		ADDRESS <u>Malden Mo.</u>	

1 PLACE OF DEATH

County

Township

or

Village

or

City

Registration District No.

File No.

Primary Registration District No.

Registered No.

(NO

St.

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)
-------	-----------------	--

6 DATE OF BIRTH	(Month)	(Day)	(Year)
-----------------	---------	-------	--------

7 AGE	8. yrs.	mos.	ds.	If LESS than 1 day.....hrs. or.....min.?
-------	---------	------	-----	--

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

10 BIRTHPLACE
(City or town, State or foreign country)

11 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

191

Registrar

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month), 191 (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191, to 191, that I last saw h..... alive on 191, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(Duration) yrs. mos. ds.

(Signed)

M. D.

(Address)

*State the Disease Causing Death; or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

191

20 UNDERTAKER

ADDRESS