FEB 28 1927

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

Do not use this space.

2350

1. PLACE OF DEATH
County: St. Louis
Township: St. Ferdinand
City: (No. Angum Mo. St. Ward)
Registration District No. 784
Primary Registration District No. 6030
File No.
Registered No.

2. FULL NAME Jessie McKinney Sr.
(a) Residence. No. Angum Mo St., 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Lucy McKinney
6. DATE OF BIRTH (MONTH, DAY AND YEAR): abt 1861
7. AGE: Years: abt 65 | Months: — | Days: — | If LESS than 1 day, ____ hrs. or ____ min.
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): (Truck)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): —
(STATE OR COUNTRY): Mississippi

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: Jessie McKinney Jr.
(Address): Angum Mo
15. FILED 1-24, 1927 O. F. Schultz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 22 1927
17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Jan 22, 1927, that I last saw h. alive on Jan 21, 1927, and that death occurred, on the date stated above, at 8:20 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver
46 hrs (duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J. L. Williams M.D.
1-24, 1927 (Address) 6 N. Vandeventer St. 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: Washington Park — DATE OF BURIAL: Jan 25 1927
20. UNDERTAKER: W. C. Gordon Und. Co. — ADDRESS: 2649 Morgan St.

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.