

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

Do not use this space.

8481

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City (No. 610 Elmwood)

File No. 1338

Registered No. 1338

St. _____ Ward _____

2. FULL NAME Annabell McKingie

(a) Residence, No. 610 Elmwood St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11 - 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	60	-	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home duties
(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) Boone County Mo.

10. NAME OF FATHER Elyja Coats

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Boone County Mo.

12. MAIDEN NAME OF MOTHER Nancy Beards

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Boone County Mo.

14.

INFORMANT Mrs. Lucy Green
(Address) 610 Elmwood

15.

FILED 3/30 1927 M. M. Croone REGISTRAR
Act

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29-1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1927, to March 29, 1927 that I last saw her alive on March 29, 1927, and that death occurred, on the date stated above, at 7:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma of Stomach
44 W (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Intestinal Stenosis (SECONDARY) (duration) _____ yrs. 4 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? autopsy

(Signed) R. L. Lally M. D.

Mar 30, 1927 (Address) 6900 Washington Park Blvd

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mt. Moriah Cemetery

3-31-1927

20. UNDERTAKER

ADDRESS

Dr. P. Louis

3400 Woodland Ave.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

