

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

*White*  
Do not use this space.  
35890  
File No. ....  
Registered No. 8 St. .... Ward)

JAN 17 1928

**1. PLACE OF DEATH**

County Andrew  
Township Wilson  
City (No. ....) St. .... Ward)

Registration District No. 951  
Primary Registration District No. 8037C

**2. FULL NAME**

Margaret Maud McKinzie

(a) Residence. No. .... St. .... Ward. .... (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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Female White Married

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

William McKinzie

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Oct 9 - 1853

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, ....hra. or ....min.
<u>74</u>	<u>2</u>	<u>21</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife.  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

Andrew Co.  
(STATE OR COUNTRY)

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

W. P. Peaf  
KY  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Margaret Sheek  
KY  
(STATE OR COUNTRY)

**14. INFORMANT**

Clarence McKinzie  
(Address) Centralia Mo

**15. FILER**

12/31, 1927  
Jan 8 - 1928.  
W. B. White  
REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Dec 20 - 1927

**17.**

I HEREBY CERTIFY, That I attended deceased from Dec 22, 1927, to Dec 27, 1927.  
That I last saw him alive on Dec 27, 1927, and that death occurred, on the date stated above, at 9 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Uremic Poisoning

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH? NO... DATE OF...**

**20. WAS THERE AN AUTOPSY? NO**

WHAT TEST CONFIRMED DIAGNOSIS? Labortary  
(Signed) J. G. White, M. D.

12/31, 1927 (Address) Centralia 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**

**DATE OF BURIAL**

Hickory Grove Church Jan 3 1928

**20. UNDERTAKER**

**ADDRESS**

W. McDonald Centralia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Cause of death should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Audrain  
Township Wilson  
City (No. ....) .....

Registration District No. 95-1  
Primary Registration District No. 3-037c

File No. ....  
Registered No. 8  
St. .... Ward)

**2. FULL NAME**

Margaret Maria McKinzie

(a) Residence. No. .... 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 <u>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>M</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
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**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

**14.**

INFORMANT (Address)

**15.**

FILED Feb 8 1923

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 19 27

17. I HEREBY CERTIFY That I attended deceased from ..... 19..... that I last saw h..... alive on ..... 19..... and that death occurred, on the date stated above at ..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Went to prison  
Undetermined  
(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. E. White, M. D.  
, 19 (Address) Centerville 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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS etc. 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 CERTIFICATE IF UK. IF THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-35880