

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
 Township Pinney
 City St. Louis (No. 1)

Registration District No. 863
 Primary Registration District No. 1127

File No. 7501
 Registered No. 1
 St. 1 Ward 1

2. FULL NAME

(a) Residence. No. 1 Haustan Mo. Ward 1
 (Usual place of abode)
 Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
92 ✓ 2 20 0 0

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)

(STATE OR COUNTRY) Calico Mo.

10. NAME OF FATHER Robert McKinney

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) St. Louis

12. MAIDEN NAME OF MOTHER McKinney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) St. Louis

14. INFORMANT Harriet McKinney

(Address) Haustan Mo.

15. FILED 2-3 19 28 JR W. W. W. W.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 - 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 7 19 28 to Feb 7 19 28
 that I last saw him alive on Feb 1 19 28 and that death occurred, on the date stated above, at St. Louis Mo.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Senility

CONTRIBUTORY (SECONDARY) None

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. Phelan M. D.

, 19 28 (Address) Haustan 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

Opark

20. UNDERTAKER

Nancy Fisher

DATE OF BURIAL

2-14 19 28

ADDRESS

Haustan

**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 DeKalb
Township Piney
City Emiling (No. 54)

Registration District No. 863
Primary Registration District No. 6137

File No.
Registered No.
St. Ward)

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov - 23 - 1826

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 X 2 X 7

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 2-3-28 J.R. Wamack REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 19 28

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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)....., M. D.
, 19 (Address)

*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

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

S-7501