

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

Do not use this space.

1. PLACE OF DEATH One  
 County Jefferson Registration District No. 213  
 Township Jefferson Primary Registration District No. 3014  
 City Jefferson No. 3014 St. Jefferson Ward 49

2. FULL NAME Martha M. McKinney  
 (a) Residence No. 201 Ward 49  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. 10 mos. 15 ds.  
 How long in U.S., if of foreign birth? 2 yrs. 10 mos. 15 ds.

8284

File No. 8284  
 Registered No. 49

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 4. COLOR OF RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with date of divorce) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 3 - 1865  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 0 2

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) at home  
 (c) Name of employer Callaway Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Callaway Co Mo

10. NAME OF FATHER James M. McKinney

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

12. MAIDEN NAME OF DECEASED Martha Callaway

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

14. Miss Steph Sipfert  
 INFORMANT (Address) 712 E. 28th St

15. FILED 3-7-28 80 Bedford  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 5 1928  
 17. I CERTIFY That I attended deceased from Mar 5 1928 to Mar 5 1928  
 that the deceased died on Mar 5 1928 and that death occurred at home above, at 812 E. 28th St

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral hemorrhage  
Nephritis  
 (duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (SECONDARY) Hypertension  
 (duration) 1 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED at home  
 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?  
 (Signed) M. M. Cledford, M. D.  
 Mar 19 28 (Address) Jefferson

\*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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL Jefferson Cemetery DATE OF BURIAL 3/7 1928

22. UNDERTAKER Tanner-Tanner ADDRESS J.C.M.

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. Exact statement of OCCUPATION is very important.

41 APR 24 1928

