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

Do not use this space.

30267

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township ... — Primary Registration District No. 2001 — File No. ...
City Springfield (No. Texas Surgical Hospital ... Ward) — Registered No. 636

2. FULL NAME J. Herbert McKinney

(a) Residence. No. Texas Co. 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. ... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	Wh	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	35	Unknown		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ...
(c) Name of employer: Texas Co.

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

PARENTS

10. NAME OF FATHER Henry McKinney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Texas Co. (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Elizabeth Fay
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ... (STATE OR COUNTRY) Missouri

14. INFORMANT Henry McKinney (Address) Texas Co. Mo.

15. FILED 9/6 1928 C C Frost Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-2 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-1, 1928, to 9-2, 1928, that I last saw h... alive on 9-2, 1928, and that death occurred, on the date stated above, at 12 16 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

(a) ... Duration only diagnosed two days before death. (duration) ... yrs. ... mos. ... ds.

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

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Newton, Mo.

DID AN OPERATION PRECEDE DEATH? No. DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Blood test - Urine.

(Signed) Leslie R. Webb, M.D.
9-4, 1928 (Address) 742 Landers Bldg.

*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: Cabool Mo. — DATE OF BURIAL: 9-4 1928

20. UNDERTAKER: Alma Lohmeyer — ADDRESS: 534 S Main

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.