

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

Do not use this space.

39752

1. PLACE OF DEATH

County Carroll
Township Carrollton
City Carrollton (No.)

Registration District No. 135
Primary Registration District No. 3010

File No.
Registered No. 119
St. Ward

2. FULL NAME

Sarah Ellen McKinney

(a) Residence. No. St. J 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 | 4. COLOR OR RACE W | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of James King McKinney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-8-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 | 3 | 11 |

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) Somerset
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER Jeremiah Randolph
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY) ..
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..
(STATE OR COUNTRY) Unknown

14. INFORMANT Sherman McKinney
(Address) Carrollton Mo

15. FILED 12-19, 1928 Miss E. E. Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-19 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-16-28, 1928, to 12-19, 1928 that I last saw him alive on 12-18, 1928 and that death occurred, on the date stated above, at 2:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
Influenza
11A (duration) yrs. mos. 3 ds.
108

CONTRIBUTORY (SECONDARY) 11A (duration) yrs. 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? None
(Signed) H. B. Brown M.D.
12-19, 1928 (Address) Carrollton 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 Oak Hill DATE OF BURIAL 12-21 1928

20. UNDERTAKER Shandley ADDRESS Carrollton Mo

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.

1928

RECORD

