

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

Do not use this space.

3939

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1008

City St. Louis

(No. 5037 Dewey Ave)

File No.

Registered No. 551

St. Ward)

2. FULL NAME John B. McKinney

(a) Residence. No. St. 15 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

Widowed.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11 1858.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>11</u>	<u>29</u>	<u>—</u>	<u>—</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired. 15 Years.

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Elington

(STATE OR COUNTRY) Ky

10. NAME OF FATHER T.E. McKinney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Elkton

(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Sarah Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky.

14. INFORMANT Howard L. Geinney
(Address) 5037 Dewey Ave

15. JAN 11 1929
FILED

Max O. Standen
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1929 to Jan 10, 1929, that I last saw him alive on Jan 8, 1929, and that death occurred, on the date stated above, at 08 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericarditis Chronic

87 908 112

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Asthma non

Tubercular (duration) yrs. 6 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) James M. Hansen, M. D.

, 19 (Address) 2025-8 Jefferson Ave.

*State the DISEASE CAUSING DEATH, or 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

Elton Ky.

20. UNDERTAKER

Dr. Laupheimer

Jan 12, 1929

ADDRESS

1125 Harrison

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

