MAR 24 1929

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

Do not use this space.

5698

1. PLACE OF DEATH
County Callaway
Township Fulton
City (No. St. Ward)

Registration District No. 104
Primary Registration District No. 5153
File No.
Registered No. 72

2. FULL NAME H F McKinney
(a) Residence. No. State Hospital #1 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): DK

7. AGE: 55 Years 1 Months 3 Days 4 (If LESS than 1 day, hrs. or min.)

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Inmate State Hosp
(b) General nature of industry, business, or establishment in which employed (or employer): for Insane 30 yrs
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: DK
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 J J Tebbs
(Address) Supervisor Hosp #1

15. Filed Mar 27, 1929 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) About 2-5 1929

17. I HEREBY CERTIFY, That I attended deceased from Found dead 3-24, 1929, to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:
Died from exposure 2-5-29
Wandered away from Mo State Hosp #1 noon Feby 4 1929
Snow on ground Temp 20 F
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1948 193
(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? Inspection of body & History
(Signed) R. K. Hall M.D.
, 19 (Address) Ordonez Callaway Co.

*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: State Hosp Grounds
DATE OF BURIAL: 3-25 1929

20. UNDERTAKER: J J Tebbs Supervisor
ADDRESS: Fulton 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.

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