

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

Do not use this space.

9338

**1. PLACE OF DEATH**

County North Registration District No. 903 File No. \_\_\_\_\_  
 Township Blackhall Primary Registration District No. 4545 Registered No. 4  
 City Grant City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Ellen McKinley  
 (a) Residence, No. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

F. W. Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

William McKinley

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

Sept. 4, 1840

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>88</u>	<u>5</u>	<u>2</u>	

**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) Usual  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Indiana

**10. NAME OF FATHER**

Thomas Davidson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ohio

**12. MAIDEN NAME OF MOTHER**

Mary Ellen Davidson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ohio

**14. INFORMANT**

W.E. McKinley  
 (Address) Drury, Mo.

**15. FILED**

2/8/29 John Andrews  
 19\_\_\_\_ REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

2-6-1929

**17.**

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929, to Feb 5, 1929, that I last saw her alive on Feb 4, 1929, and that death occurred, on the date stated above, at 1:30 a.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia  
Lobar

**CONTRIBUTORY (SECONDARY)**

Scuitly  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 9 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_**

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) O.P.M. Mills, M. D.  
 , 19\_\_\_\_ (Address) Grant City, 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**

**DATE OF BURIAL**

Grant City Cemetery 2/8 1929

**20. UNDERTAKER**

**ADDRESS**

Arch C. Dwyer Grant City  
9710

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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