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.

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

Do not use this space. 10868 10818

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1378
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo. (No. 3041 Terrace St. St. Ward)

2. FULL NAME Margaret McKinley
(a) Residence. No. 3041 Terrace St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Fe
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-13-1913

7. AGE: Years 16 — Months 2 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

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

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas, Mo.

PARENTS
10. NAME OF FATHER Wm McKinley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Ida Elwell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

1
1
2

14. INFORMANT J. M. Medley (Address) 3041 Terrace Ave

15. FILED 3/20, 1929 M. M. Crowe REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch, 19 1929

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1929, to March 19, 1929, that I last saw her alive on March 19, 1929, and that death occurred, on the date stated above, at 3:05 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

About (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31 (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? Clinical

(Signed) S. W. Fair, M. D.
Mar 20, 1929 (Address) 7308 Washington KC

*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: Maple Hill — DATE OF BURIAL: 3-21-1929

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K. C. Mo.