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

AUG 22 1929

Do not use this space.

23981

1. PLACE OF DEATH
County Calloway Registration District No. 104
Township —— Primary Registration District No. 3008
City Fulton (No. ——, ——St. ——Ward)
File No. ——
Registered No. 159

2. FULL NAME John McKinney
(a) Residence. No. 2 weeks in Hospital St., ——Ward. Jefferson City Mo 1210 Penn
(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 ——

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1873

7. AGE — YEARS: 56 — MONTHS: —— — DAYS: OK — If LESS than 1 day, ——hrs. or ——min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe factory laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 34 13
(c) Name of employer: 13

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

PARENTS

10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) " "
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Martha Calloway
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ——
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Ralph Gilbert
(Address) 213a 8 Night

15. Filed July 29, 1929 R. N. Creecy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1929

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1929, to July 26, 1929, that I last saw h. was alive on July 26, 1929, and that death occurred, on the date stated above, at 5.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Renal Syphilis with many complications, Brain Syphilis & Prostate
——(duration)——yrs.——mos.——ds.
CONTRIBUTORY (SECONDARY)
——(duration)——yrs.——mos.——ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ——
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF July 19-29
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory findings
(Signed) D C Adams, M. D
(Address) Fulton 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: Riverview Cem
DATE OF BURIAL: July 28/29

20. UNDERTAKER: Lawson & Gann
ADDRESS: Fulton Mo

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.