

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.

18 1930

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

Do not use this space

Dr. S. F. Fullman
825

1. PLACE OF DEATH

County Greene

Registration District No. 518

Township Springfield, Mo.

Primary Registration District No. 2001

City Springfield, Mo. (No. 1706 W. Atlantic)

File No. 11

Registered No. 11

St. 11 Ward

2. FULL NAME Hilas N. McKinney

(a) Residence. No. 1706 W. Atlantic St. 11 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

3. SEX

Male

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OF

Jennie McKinney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8, 1855

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

74

8

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retd. Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

Mathew McKinney

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER Nancy McQuerry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14.

INFORMANT Mrs. Jennie McKinney

(Address) Springfield, Mo.

15.

FILED 1-25 1930

Lon Sharp
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26, 1930

17.

I HEREBY CERTIFY, That I attended deceased from 1 July 1929 to Jan 26, 1930
that I last saw him alive on Jan 17, 1930 at 11:20 A. and that
death occurred, on the date stated above, at 11:20 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of face & neck

5 1/2

5 3/5

(duration) 15 yrs. mos. da.

CONTRIBUTORY
(SECONDARY)

(duration) 15 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) S. F. Fullman

28, 1930 (Address) Springfield, 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

East Lawn

DATE OF BURIAL

Jan. 28, 1930

20. UNDERTAKER

Alma Schreyer
Funeral Home

ADDRESS

Springfield
Missouri

