APR 28 1930

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

Do not use this space.

8292

1. PLACE OF DEATH

County: Franklin — Registration District No. 296

Township: — Primary Registration District No. 4180

City: Union (No. ..., ... St. ... Ward)

File No.

Registered No.

2. FULL NAME Sarah M. McKinney

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1, 1833

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	97	2	12	

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

9. BIRTHPLACE (CITY OR TOWN) Owensville
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER William Carroll

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Owensville
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Becca Branson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Jack McKinney
(Address) Gerald Mo.

15. FILED 3/13, 1930 E. A. Stierburger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-13 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1930, to Mar 13, 1930, that I last saw he alive on May 13, 1930, and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? In town

DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? Opinion

(Signed) J. C. Walker, M. D.

3/14 1930 (Address) Union 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
New Bethel Baptist Church Cemetery	3/15/30
20. UNDERTAKER Union Furn. Co. by W. H. HORN	ADDRESS UNION

Owensville 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD