

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

Do not use this space.

19270

1. PLACE OF DEATH

County Howard,
Township _____
City Fayette, (No. _____)

Registration District No. 878
Primary Registration District No. 4222

File No. _____
Registered No. 31
St. _____ Ward)

2. FULL NAME Miss Hottie McKinney.

(a) Residence. No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female, 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) May 15, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work #
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Jonathan M. McKinney.

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

12. MAIDEN NAME OF MOTHER Navy Owings,

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

14. INFORMANT Miss Emma McKinney.
(Address) Fayette, Mo.

15. FILED 7/1, 1930 V. Q. Bonham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-7-29-1930

17. I HEREBY CERTIFY, That I attended deceased from 6-26 to June 29, 1930
that I last saw her alive on June 29, 1930 and that death occurred, on the date stated above, at 8:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

18. WHERE WAS DISEASE CONTRACTED Not at place of death
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) W. S. Bloom, M. D.
. 19 (Address) Fayette 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 City Cemetery DATE OF BURIAL 7/2/1930

20. UNDERTAKER Guy T. Halley. ADDRESS Fayette, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

