

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

Do not use this space.

19438

1. PLACE OF DEATH

County Jackson
Township Rain
City Kansas City Mo (No. 3520, Forest Ave)

Registration District No. 399
Primary Registration District No. 1002

File No. 2401
Registered No. 2401
St. _____ Ward _____

2. FULL NAME

Mr Anna M Mc Kinney
(a) Residence. No. 3520 Forest Ave St. 112 Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred - 2 mos. - 2 ds. How long in U.S., if of foreign birth? 5 yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

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

Widow

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

Michael Mc Kinney

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

June 8 - 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

72

8. OCCUPATION OF DECEASED

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

House work

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Liverpool

(STATE OR COUNTRY)

England

10. NAME OF FATHER

Patrick Calora

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Cromarty, Clack

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Kora Harrington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

England

(STATE OR COUNTRY)

14.

INFORMANT

Ed Mc Kinney - Son

(Address)

R.R. Atchison Kan

15.

FILED

6/8/30 M.M. C. J. J. J.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 8 1930

17.

I HEREBY CERTIFY, That I attended deceased from

4 - 12 1930 to 5 - 8 1930

that I last saw him/her alive on 5 - 18 1930, and that death occurred, on the date stated above, at 11 - a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis chronic
with decompensation

(duration) _____ yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY)

arterio-sclerosis
with hypertension

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRIBUTED

IN WHAT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

clinical & Lab.

(Signed)

Wm. J. J. J. M. D.

6/8, 1930 (Address) Kansas City Kans.

*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

Atchison Kansas

10/10 1930

20. UNDERTAKER

ADDRESS

Sawin & Daugh

Atchison Kansas

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.

