

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

Do not use this space.

23494

1. PLACE OF DEATH

County Licking
Township Chillicothe
City Chillicothe (No.)

Registration District No. 508
Primary Registration District No. 3026

File No.
Registered No. 206
St. Ward)

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 12 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
2 4 4

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

Child

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

10. NAME OF FATHER Geo. W. McKinney

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

12. MAIDEN NAME OF MOTHER Liesetta Odell

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

14. INFORMANT Geo. McKinney
(Address) Chillicothe Mo.

15. FILED 7/16 1930 R. Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1930, to July 16, 1930, that I last saw him alive on July 15, 1930, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Inflammation
11 B
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) as above
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. D. Damer M.D.
7/16 1930 (Address) Chillicothe 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 Edge wood Cemetery DATE OF BURIAL July 16 1930

20. UNDERTAKER Meinertshagen ADDRESS Chillicothe

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.

AUG 3 1930

PARENTS

