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

Do not use this space.

28848

File No. 3

Registered No. 79

1930

1. PLACE OF DEATH
County: SHANNON
Township: BARTLETT
City: ~~BARTLETT~~ (No. ..... St. ..... Ward)
Registration District No. 1074
Primary Registration District No. 6078

2. FULL NAME: JOSEPH WILSON McKINNEY

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 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: CAUCASIAN
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): JAN. 29-1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
~~67~~	67	6	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: FARMER
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: none

9. BIRTHPLACE (CITY OR TOWN): ADAIR County
(STATE OR COUNTRY): Kentucky

PARENTS
10. NAME OF FATHER: JOSEPH McKINNEY
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY
12. MAIDEN NAME OF MOTHER: SALLIE A. LEWIS
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY

14. INFORMANT: Mrs Joseph McKinney
(Address): Bartlett Mo

15. FILED: 8/27, 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1930, to ....., 19..., that I last saw him alive on Aug. 23, 1930, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
APOPLEXY

DUE TO
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. T. Davis, M. D.
, 19 (Address) Birch Tree, 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: Winona Cemetary
DATE OF BURIAL: 8/27 - 1930

20. UNDERTAKER: R Burns
ADDRESS: Willow Springs 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.