

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.

NOV 28 1930

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

Do not use this space.

33936

1. PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township 11 Primary Registration District No. 4464
 City Farmington (No.) St. Ward (No.)

2. FULL NAME R. E. Mc Kenney
 (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 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 144
 St. Ward (No.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. J. Mc Kenney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-9-1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>58</u>	<u>10</u>	<u>16</u>	

8. OCCUPATION OF DECEASED Housekeeper
 (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) Fredericktown Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Thos Stewart

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

12. MAIDEN NAME OF MOTHER Kate Allen

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

14. INFORMANT Thos E. Mc Kenney
 (Address) Farmington Mo.

15. FILED 10-17-30 J. B. Robinson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1930 to Oct 15, 1930, that I last saw her alive on Oct 15, 1930, and that death occurred, on the date stated above, at 10:00 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy
Hypertension
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Hypertension
 (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH
 WAS THERE AN AUTOPSY
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Geo. L. Watkins, M. D.
10-17-1930 (Address) Farmington 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 Port View cemetery DATE OF BURIAL Oct 17 1930

20. UNDERTAKER Farmington ADDRESS Farmington Mo.

