

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.

DEC 22 1930

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

Do not use this space.

35843

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2009
 City Springfield (No. 832 W. Grand St.) St. _____ Ward _____

2. FULL NAME Ida Elizabeth McKinney
 (a) Residence. No. 832 W. Grand St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 8 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

File No. _____
 Registered No. 837
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. D. McKinney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17-1866

7. AGE YEARS 64 MONTHS 6 DAYS 0
 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) mo

PARENTS

10. NAME OF FATHER Mat Hall

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT J. D. McKinney
 (Address) 832 W. Grand

15. FILED 1-8-1930 Tom Sharp REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 11-7-1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1930, to 11-7-1930, and that I last saw him alive on 11-7-1930, and that death occurred, on the date stated above, at 1045 W. 12th.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Uterus
12 1/2 (duration) Don't know yrs. _____ mos. _____ ds.
 CONTRIBUTORY Gal Stones (SECONDARY)
Several years (duration) yrs. _____ mos. _____ ds.

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

WHAT TEST CONFIRMED DIAGNOSIS
11 (Signed) J. W. Crane M. D.
17, 1930 (Address) Springfield 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 Springfield DATE OF BURIAL 11-9-30
19

20. UNDERTAKER W. K. Kerve ADDRESS Don't know

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