

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

Do not use this space.

19048 / 10

1. PLACE OF DEATH

County St. Louis Registration District No. 750 File No. 10238
Township Shirley St. Primary Registration District No. 87856246 Registered No. 10238
City St. Louis Ward 10

2. FULL NAME

Hannah Margaret M. Kinney
(a) Residence, No. 31 St. 31 Ward. 31
(Usual place of abode)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John S. Mc Kinney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-14-1855</u>		
7. AGE <u>76</u>	YEARS <u>2</u>	MONTHS <u>21</u>
		DAYS <u>21</u>
		IF LESS than 1 day, ... hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Homemaker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>5-2-31</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>		
FATHER	13. NAME <u>Robt Porterfield</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U. S. A.</u>	
MOTHER	15. MAIDEN NAME <u>Hannah Campbell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
17. INFORMANT <u>Wm Mc Kinney</u> (ADDRESS) <u>Residence not</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Ridge Cem.</u> DATE <u>5-7-31</u> , 19 <u>31</u>		
19. UNDERTAKER <u>St. Joe</u> (ADDRESS) <u>St. Joe</u>		
20. FILED <u>5/7</u> 19 <u>31</u> <u>E. D. Johnston</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5- 1931

22. I HEREBY CERTIFY, That I attended deceased from 5/1/31 to 5/5/31
I last saw her alive on 5/5/31 1931. Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:
108
Lobar Pneumonia 5/1/31
Other contributory causes of importance:
108
Name of operation 108 Date of 108
What test confirmed diagnosis? 108 Was there an autopsy? 108

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 108 Date of injury 108
Where did injury occur? 108
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 108

Manner of injury 108
Nature of injury 108

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 108
(Signed) Clifford J. Ford M. D.
(Address) Doniphan 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.

APR 29 1931

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