

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. 787

Township.....

Primary Registration District No. 38

City.....

(No. City Hospital)File No. 39735Registered No. 11954

St. ....

Ward) .....

2. FULL NAME Frank McKinney(a) Residence, No. 125

(Usual place of abode)

St. 25

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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)

divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFMAYME MCKINNEY

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

Sept. 24-1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.5325

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Christian Pub. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 2012. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Kentucky

FATHER

13. NAME

Frank McKinney14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ohio

MOTHER

15. MAIDEN NAME

Martha Griffith16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ohio17. INFORMANT  
(ADDRESS)Hospital Information  
Branch 1200  
Central Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Caledonia Mo. DATE Dec. 2 1931

19. UNDERTAKER

(ADDRESS)

Croghan Und. Co. Inc.  
7146 Manchester Ave.

20. FILED

NOV 30 1931W. C. Starnett

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov. 29 1931

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 22nd 1931, to Nov. 29th 1931

I last saw him alive on

Nov. 29th 1931. Death is saidto have occurred on the date stated above, at 5:05 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chor Myocarditis  
93C  
95C  
97C

Other contributory causes of importance:

Cardiac Decompensation

Name of operation

Revascular

Date of

What test confirmed diagnosis

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Jerome Shuman M. D.

(Address)

City Hospital

McKenney