

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

Do not use this space.

40188

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. Pierce's Sanitarium)

File No.

Registered No. 1231

St. Ward)

2. FULL NAME

Susan A. McKinney

(a) Residence, No. St. Ward. Savannah, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M.C. McKinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 8

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co., Ill.

13. NAME Harvey J. Armstrong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon Co., Ky.

15. MAIDEN NAME Susan H. Lindsay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co., Ky.

17. INFORMANT Miss Mable White (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Helena, Missouri DATE Dec. 9, 1931

19. UNDERTAKER Walter Meinhoffer (ADDRESS) 1302 Faraon St., St. Joseph, Mo.

20. FILE DEC 8 1931 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1931 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1931, to Dec 7, 1931

I last saw her alive on Dec 7, 1931. Death is said to have occurred on the date stated above, at 8:00 P.M.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Asternal tumor

Name of operation 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? No

If so, specify

(Signed) Adrian Elder M. D.

(Address) Dr. Pierce's Sanitarium, St. Joseph, Mo.

JAN 19 1932

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

