

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

Do not use this space.

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1. PLACE OF DEATH
39 County Bremer Registration District No. 317
2 Township Primary Registration District No. 4192
6 City Republic (No. St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Robert A. McKenney
(a) Residence, No. Republic Mo St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marion T. McKenney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1883

7. AGE YEARS 68 MONTHS 3 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Retired R.R.

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

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) Ill 2

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Irma Virginia McKenney (ADDRESS) Republic Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionfield Mo DATE Jan 12 1932

19. UNDERTAKER W. Klingner & Co (ADDRESS) Marionfield Mo

20. FILED Jan 10 1932 W. W. Shove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 9 1931 to Jan 10 1932
I last saw him alive on Jan 9 1932 Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:
myocardial infarction Date of onset 1932
of Ph. H. carb.
Other contributory causes of importance:
J. B. A.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 ①

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) W. B. French, M. D.
(Address) Republic 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.

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

FEB 26 1932

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