

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

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.

MAY 23 1932

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

Do not use this space.

11760

**1. PLACE OF DEATH**

11 County Buchanan  
Township Wayne  
City Halls Mo.

Registration District No. 86  
Primary Registration District No. 5128  
(No. Halls Mo.)

File No. \_\_\_\_\_  
Registered No. 33  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Arthur Cleveland McKinney**

(a) Residence, No. Halls Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 28, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>51</u>	<u>7</u>	<u>26</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation _____
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) Buchanan County  
(STATE OR COUNTRY) Missouri

13. NAME William J McKinney

14. BIRTHPLACE (CITY OR TOWN) Buchanan County  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Slysia Little

16. BIRTHPLACE (CITY OR TOWN) Buchanan County  
(STATE OR COUNTRY) Missouri

17. INFORMANT Wm. S. McKinney  
(ADDRESS) Halls Missouri

18. BURIAL, CREMATION, OR REMOVAL Armstrong Cemetery  
PLACE Rushville Mo. DATE April 26 1932

19. UNDERTAKER H. C. Sidenfaden  
(ADDRESS) 1802 Union st. St. Joseph Mo.

20. FILED Apr 25 1932  
J. J. Baus  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1932

22. I HEREBY CERTIFY, That I attended deceased from viewed

\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Encephalitis, Non Epidemic Date of onset \_\_\_\_\_

Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? History 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) B. W. Tadlock Coroner, M. D.  
(Address) 821 Francis

