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

Do not use this space.

12037

1. PLACE OF DEATH
27 County Cooper
Township Blackwater
City (No. St. Ward)

Registration District No. 218
Primary Registration District No. 3015

File No. 44
Registered No.

2. FULL NAME J. Valcure McKinney

(a) Residence, No. 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS 33 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
10. Date deceased last worked at this occupation (month and year) Apr 2-1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Tenn 2

FATHER
13. NAME J. T. McKinney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Docie Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT G. A. Jernigan (ADDRESS) Foulkes Tenn

18. BURIAL, CREMATION, OR REMOVAL PLACE Foulkes Tenn DATE 4-20 1932

19. UNDERTAKER Goodman & Bolle (ADDRESS) Boonville Mo

20. FILED Apr 18 1932 G A Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .
I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at about 3:30 A.M.

The principal cause of death and related causes of importance were as follows: Accidental Drowning in Missouri River

118 / 187A / 186A / 183 / (5)

Date of onset: 177

Other contributory causes of importance:

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? Accident Date of injury 4-3-1932
Where did injury occur? near Arrow Rock, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Missouri River
Manner of injury Fell into River
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify was going to work on Boat

(Signed) T C Beckett (Coroner) M. D.
(Address) Boonville, Mo

MAY 23 1932

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.