

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

Do not use this space.

12304

1. PLACE OF DEATH

39 County Green Registration District No. 925
Township Walnut Grove Primary Registration District No. 5-450
City (No. _____) St. _____ Ward _____

2. FULL NAME

Melle Ellen McKinney
(a) Residence, No. Near Walnut Grove 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>T. E. McKinney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August - 8 - 1884</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>6</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife 235</u>	
	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) <u>Polk County</u> 1 (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Thomas J. Butcher</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Polk Co.</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Jessie Evans</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Polk Co.</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Mrs. T. J. Butcher</u> (ADDRESS) <u>Walnut Grove Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Turkey Creek</u> DATE <u>April - 29 - 1932</u>		
19. UNDERTAKER <u>Brim Funeral Home</u> (ADDRESS) <u>Walnut Grove Mo.</u>		
20. FILED <u>April 29 1932</u> <u>F. M. Clure</u> 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 April 21, 1932, to April 24, 1932
I last saw her alive on April 24, 1932. Death is said to have occurred on the date stated above, at 9:00 A. M.
The principal cause of death and related causes of importance were as follows:
Cerebral Embolism
Menopause
Date of onset 4-22-32

Other contributory causes of importance:
Menopause

Name of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Charles H. McHaffie, M. D.
(Address) Ash Grove Mo

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.

APR 22 1932

