

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

Do not use this space.

14900

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis, Mo.**

(No. **U.S. Marine Hospital, 3640 Marine Ave. St. 10** Ward)

File No.

Registered No. **4325**

2. FULL NAME **C. McKinney**

(a) Residence, No. **826-A. Brooklyn St. St. Louis, Mo. 26** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **22** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1909				
7. AGE 22	YEARS 11	MONTHS 17	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. Unknown 237			
	10. Date deceased last worked at this occupation (month and year) Unknown			
11. Total time (years) spent in this occupation Unknown				

12. BIRTHPLACE (CITY OR TOWN) **Holly Springs**
(STATE OR COUNTRY) **Marshall Co. Miss. 2**

13. NAME **Joe McKinney**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Miss.**

15. MAIDEN NAME **Fannie Parker**

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

17. INFORMANT (ADDRESS) **W. L. Corey**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Graveside, St. Louis** DATE **5-3** 193**7**

19. UNDERTAKER (ADDRESS) **W. L. Corey**

20. FILED **MAY -3 1937**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 28, 1932** 19

22. I HEREBY CERTIFY, That I attended deceased from **May 4, 1931** 19, to **April 28, 1932** 19.

I last saw him alive on **April 28, 1932** 19. Death is said to have occurred on the date stated above, at **5:30 PM**.

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

Tuberculosis, pulmonary **Unknown** (Date of onset)

34 **24** **1**

Other contributory causes of importance:

Syphilis, tertiary **Unknown**

Tuberculosis, right elbow **Unknown**

Name of operation **Amputation rt. arm** Date of **4-21-32**

What test confirmed diagnosis? **Laboratory** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: **No**

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 **W. L. Corey** (Signed)

(Address) **O.S. Marine Hospital, St. Louis, Mo.**

Registered: **W. L. Corey**

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.

