

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.

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

Do not use this space.

26770

1. PLACE OF DEATH

65 County Mercer
Township Marion
City Marion

Registration District No. 553
Primary Registration District No. 5746

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

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

M

4. COLOR OR RACE

W

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)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

1 1/2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) (STATE OR COUNTRY)

Marion, Ind.
Mercer, Mo.

13. NAME

U. Eric Mc Kinney

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

Mercer, Mo.

15. MAIDEN NAME

Viola McDougal

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

Levinville, Ga.

17. INFORMANT (ADDRESS)

Father U. Eric McKinney
Mercer, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Marion, Ind.

DATE

Aug 23, 1932

19. UNDERTAKER (ADDRESS)

No undertaker

20. FILED

Aug 28, 1932

Mary R. Fisher
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

Aug 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1932, to Aug 23, 1932

I last saw him alive on Aug 23, 1932. Death is said to have occurred on the date stated above, at 10 a.m.

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

Respiratory Paralysis

Date of onset Aug 22

Other contributory causes of importance:

Premature birth
7th month

Name of operation

none

Date of _____

What test confirmed diagnosis?

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) J. D. E. Naphegg

M. D.

(Address) Levinville, Ga.

