

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

Do not use this space.

35104

1. PLACE OF DEATH

23 County Clark
Township Clay
City (No. St. Ward)

Registration District No. 189
Primary Registration District No. 5263

File No.
Registered No.

2. FULL NAME

Mrs. George P. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30, 1860

7. AGE YEARS 72 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clark County
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Wm. Overmon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Sarah Snow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY) Indiana

14. INFORMANT George P. McKinney
(Address) Gregory Edg. Mo.

15. FILED Nov 6, 1932 Dr. W. S. Rebs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4, 1932

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1932 to Nov 4, 1932
that I last saw her alive on Nov 4, 1932, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis Chronica

92B 92B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) don't know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? F. A. S. Rebs

(Signed) F. A. S. Rebs, M. D.

, 19 (Address) Alexandria Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hill Cemetery DATE OF BURIAL 11/6 1932

20. UNDERTAKER H. F. Kircher ADDRESS Hayland Mo.

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.

NOV 22 1932

