

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

Do not use this space.

42259

1. PLACE OF DEATH

County..... Registration District No. 173
 Township..... Primary Registration District No. ST. LOUIS
 City St. Louis (No. 4238, Cook St. 11 Ward)

File No.
 Registered No. 11389

2. FULL NAME George McKinney

(a) Residence. No. 4238 Cook St. 11 Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanche V. McKinney		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown		
7. AGE Abt. 48	YEARS 48	MONTHS
	DAYS 	IF LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... Laborer (b) General nature of industry, business, or establishment in which employed (or employer)..... 237 (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN)..... **St. Louis**
 (STATE OR COUNTRY)..... **Mo.**

PARENTS	10. NAME OF FATHER Fred McKinney
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31
	12. MAIDEN NAME OF MOTHER Unknown
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT..... Blanche V. McKinney
 (Address) 4238 Cook Ave

15. FILED DEC 22 1932 May C. Stankin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 18 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 6 1931, to Dec. 18 1932 that I last saw h. alive on Dec. 16 1932, and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. valvular heart disease
Myocardial regeneration
72 h
93 c (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis
 (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed)..... Arthur B. Das M. D.
o/po 1932 (Address) Beaumont Med Co

*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
ST Peters Cemetery DATE OF BURIAL Dec 23 1932

20. UNDERTAKER
C. W. Roberts ADDRESS 3035 Lucas

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.

