

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.

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

Do not use this space.

12129

1. PLACE OF DEATH

County Deming

Registration District No. 875

Township Washington

Primary Registration District No. 6162

City

(No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 74

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Margaret McKinley

(a) Residence, No. State Hospital #3 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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
-

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
71 1 21

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

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) Jowa

13. NAME Jacob Skel

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

15. MAIDEN NAME Hannah Fridoly

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

17. INFORMANT (ADDRESS) State Hospital #3 Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL

buried DATE 3-7-1933

19. UNDERTAKER (ADDRESS) Funeral Home Nevada, Mo.

20. FILED 4/3/33 C. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1928, to March 1, 1933

I last saw her alive on March 1, 1933. Death is said to have occurred on the date stated above, at 6 p.m.

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

Ch. myocarditis  
Senile Dementia  
Date of onset ?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? \_\_\_\_\_ 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) H. S. Sneyd, M. D.  
(Address) State Hospital #3

APR 24 1933

2  
2  
2

