

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

Do not use this space.

1. PLACE OF DEATH

12 County Butler
Township St. Francis
City Rombauer (No.)

Registration District No. 990
Primary Registration District No. 5133

File No. 22466
Registered No. 4 (Ward)

2. FULL NAME Donald Ray McKinney

(a) Residence, No. Route # 3 Poplar Bluff, Mo. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 2 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 3, 1930</u>		
7. AGE YEARS <u>2</u>	MONTHS <u>9</u>	DAYS <u>17</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Butler County
(STATE OR COUNTRY) Missouri

13. NAME Henry Mc Kinney

14. BIRTHPLACE (CITY OR TOWN) Butler Co.
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Georgie Mayes

16. BIRTHPLACE (CITY OR TOWN) Butler Co.
(STATE OR COUNTRY) Missouri

17. INFORMANT Henry Mc Kinney
(ADDRESS) Route #3 Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hamtown DATE July 21, 1933

19. UNDERTAKER Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 7-26-33 W. J. Gill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/24, 1933, to 7-19, 1933
I last saw him alive on 7/3, 1933 Death is said to have occurred on the date stated above, at 2 P.m.
The principal cause of death and related causes of importance were as follows:

Mucous Colitis Date of onset

Other contributory causes of importance: 120 B 119 B

Name of operation 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) H. Stelay M. D.
(Address) Poplar Bluff Mo

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.

AUG 20 1933

