

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.

MISS 2 6 1933

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

Do not use this space.

1. PLACE OF DEATH

County North
Township Allen
City (No.)

Registration District No. 905
Primary Registration District No. 6216

File No. 25491
Registered No.
St. Ward

2. FULL NAME

William H. McKene
(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Bettie McKene</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 30 1854</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>8</u>	DAYS <u>11</u>
If LESS than 1 day, hrs. <u> </u> min. <u> </u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	13. Total time (years) spent in this occupation <u> </u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green County Tennessee</u>
	13. NAME <u>Wm McKene</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>
	15. MAIDEN NAME <u>Rebecca Bankin</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>
	17. INFORMANT (ADDRESS) <u> </u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Miller Cemetery</u> DATE <u>July 12 1933</u>	
19. UNDERTAKER (ADDRESS) <u> </u>	
20. FILED <u>Aug 10 1933</u> <u>Mrs. Maye Long</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1933
22. I HEREBY CERTIFY, That I attended deceased from July 4 1933 to July 11 1933
last saw alive on July 11 1933 Death is said to have occurred on the date stated above, at 1:30 p. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Pleural pneumonia
Date of onset July 15 1933

Other contributory causes of importance:
Chronic Bright's

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) Levin H. Long, M. D.
(Address)

