

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence
 Township Aurora
 City Aurora (No. 117 West Jasper)

Registration District No. 467
 Primary Registration District No. 4280

File No. 5546
 Registered No. 6
 St. _____ Ward _____

2. FULL NAME Infant Of Ira & Dea Mc Kinley

(a) Residence, No. 117ⁿ West Jasper 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 (*writes the word*) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 - 1934 - 3A. II.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 14 hrs. or _____ min.

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

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) Aurora (STATE OR COUNTRY) Missouri

FATHER 13. NAME Ira Mc Kinley

14. BIRTHPLACE (CITY OR TOWN) Aurora (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Dea Williams

16. BIRTHPLACE (CITY OR TOWN) Aurora (STATE OR COUNTRY) Missouri

17. INFORMANT Mr Ira Mc Kinley (ADDRESS) Aurora Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo DATE Feb. 10 1934

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo

20. FILED 2 - 9 1934 B. W. Coakley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 9 19 34

22. I HEREBY CERTIFY, That I attended deceased from 2-9- 1934 to 2-9- 1934

I last saw her alive on 2-9- 1934 Death is said

to have occurred on the date stated above, at 4 P.m.

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

Premature birth Date of onset _____

Other contributory causes of importance: 159

23. 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) B. W. Coakley, M. D.

(Address) Aurora

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

