

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 397

Township Kaw

Primary Registration District No. 1

City Kansas City

(No. St. Luke's Hospital)

File No. 9087

Registered No. 1284

St. Ward

2. FULL NAME

Garnette McKinney

(a) Residence, No. 1243 West 63rd
(Usual place of abode)

St. Ward

(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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. C. McKinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 21, 1891

7. AGE YEARS 42 MONTHS 2 DAYS 28 If LESS than 1 day, hrs. or min.

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

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) Missouri

13. NAME Lafayette W. Brelsford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piqua Ohio

15. MAIDEN NAME Gertrude P. Brelsford

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

17. INFORMANT E. C. McKinney
(ADDRESS) 1243 West 63rd Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Carmel Cemetery DATE March 20, 1934

19. UNDERTAKER St. Louis Undertaking Co.
(ADDRESS) 3235 Hillman Plaza Kansas City Mo.

20. FILED Nov 21, 1934 M. M. Corone
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1934

I HEREBY CERTIFY That I attended deceased from Mar 16, 1934 to Mar 19, 1934

I last saw h. ea. alive on Mar 19, 1934 Death is said

to have occurred on the date stated above, at P. m. 11:15

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

Date of onset

Cerebral Embolism
Shock

Other contributory causes of importance Carcinoma of Breast

Name of operation Amputation Breast Date of Mar 19, 1934
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) Ruepert Wilson M. D.
(Address) 1602 Acy St. St. Louis

