

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township
City Rushville (No.)

Registration District No. 4
Primary Registration District No. 3001
Registered No. 143 File No. 23026
St. Ward

2. FULL NAME

Romine Lee McKinney
(a) Residence, No. 117 West Randolph St. 4 Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-9-1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>20</u>	<u>0</u>	<u>20</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International Shoe Factory
10. Date deceased last worked at this occupation (month and year) 7-28-1934 11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (CITY OR TOWN) Novelty
(STATE OR COUNTRY) Missouri

MOTHER / FATHER 13. NAME Albert Lee McKinney

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

MOTHER 15. MAIDEN NAME Allie Blanch McComb

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

17. INFORMANT Mrs. O. B. McKinney
(ADDRESS) Rushville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Novelty, Missouri DATE 7-31-34

19. UNDERTAKER Dee Riley
(ADDRESS) Rushville, Mo.

20. FILED July 29, 1934 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1934

22. I HEREBY CERTIFY, that I attended deceased from 7-29-34, 1934, to 7-29-34, 1934

I last saw him/her live on 7-29-34, 1934 Death is said

to have occurred on the date stated above, at 5 a.m.

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

Fracture of skull

Date of onset 7-29-34

2104

Other contributory causes of importance:

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? accident Date of injury 7-29-34

Where did injury occur? Missouri County, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on highway (not a collision)

Manner of injury auto-hybrid accident

Nature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

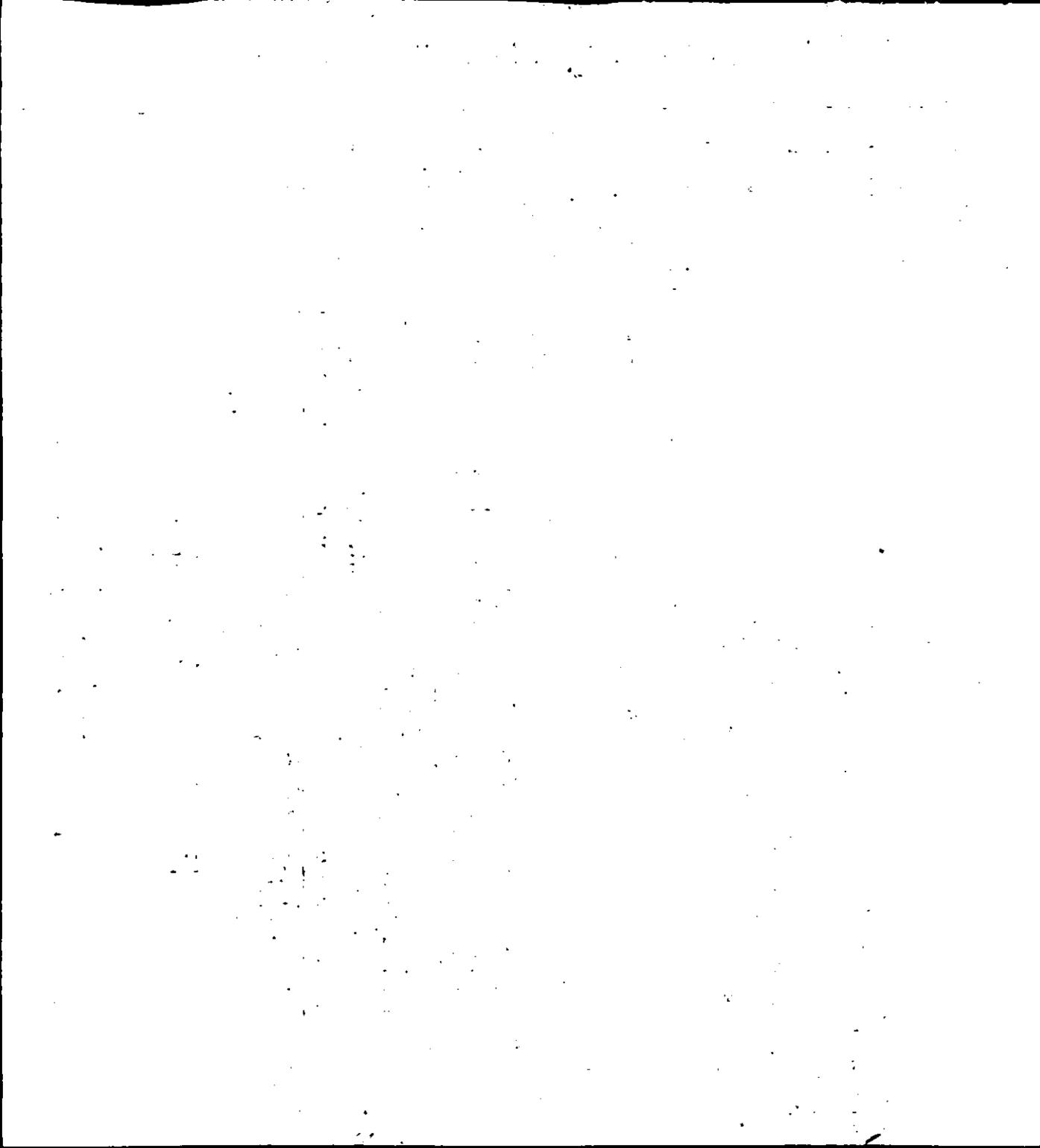
(Signed) O. B. Graham M. D.

(Address) Rushville, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

AUG 14 1934



#2 *Adair*
Kirksville.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

143

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Romine Lee McKuney.*
Who died at *Grim-Smith Hospital* *July - 29 - 1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex *M* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years *20* Months *0* Days *20*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: *Fracture of skull* *(was driver of the car)*

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Accident* 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 *Was driving car - and when accident occurred*

Nature of injury *was thrown out of car on his head*

Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar *Spencer Freeman* Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *4*

Very truly yours,

Primary Reg. Dist. No. *3001*

E. T. McGaugh M.D.
Special Agent.



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