

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.

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

City.....

Hospital #2

## 2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

St.....

Ward.....

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

male

## 4. COLOR OR RACE

colored

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Sadie McKimney

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 12, 1884

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

50

1

0

OCCUPATION

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

Elevator Operator

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)

Tenn.

FATHER

## 13. NAME

John McKimney

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn.

MOTHER

## 15. MAIDEN NAME

unavailable

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

Miss.

## 17. INFORMANT (ADDRESS)

Sadie McKimney 142 24 Wash

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Father Dickson

DATE 8/18

1934

## 19. UNDERTAKER (ADDRESS)

Ward 2827 Dickson

## 20. FILED

115 18 1135

J. Briedeck Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1934

## 22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at 12.50 A.

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

Cerebral Apoplexy (right-sided) with left sided hemiplegia

Date of onset

Other contributory causes of importance:

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)

(Address)

1/8/34

3-9-4

4

12

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