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.

JUL [redacted] 35

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

Do not use this space.

22499-a

1. PLACE OF DEATH
County: Cole
Township: Marion
City: ..... (No. ....., ..., St. ..... Ward)

Registration District No. 211
Primary Registration District No. 5291

File No. .....
Registered No. 24

26

2. FULL NAME: Samuel Davis McKinney

(a) Residence, No. Elston Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2, 1862

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
32	7	4	

OCCUPATION

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

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) Jan 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo.

FATHER

13. NAME William McKinney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo

MOTHER

15. MAIDEN NAME Nettie Alexander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo.

17. INFORMANT (ADDRESS) William McKinney Elston Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elkhorn Cem DATE July 7, 1935

19. UNDERTAKER (ADDRESS) Duncan & Tanner

20. FILED 7/6, 1935 H. T. Leach M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1935 to July 6, 1935

I last saw him alive on July 5, 1935 Death is said to have occurred on the date stated above, at 3.25 m.

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

	Date of onset
Septic infection from abscess on hip	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None 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) H. T. Leach, M. D.
(Address) Elston Mo.

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

Do not write in this space.

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

1. PLACE OF DEATH
County: Cole — Registration District No.: 211 — File No.:
Township: — Primary Registration District No.: 5291 — Registered No.: 24
City: (No. , St. Ward)

2. FULL NAME: Samuel Davis McKinney

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): [illegible] 1902

7. AGE — YEARS: 32 — MONTHS: — DAYS: — If LESS than 1 day, 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, sawmill, 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Oct. 19, 1935 — H. I. Leach, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6, 1935

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 m.

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

Septic infection from abscess on hip. This patient had been an invalid for years with a bedsore.

Date of onset

Other contributory causes of importance:
Abscess resulted from bed sore.

Name of operation: None — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Injury occurred , 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: Got caught in frame
Nature of injury: Broken hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. I. Leach, M. D.
(Address) Eldon, 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

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