

SEP 18 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25803

1. PLACE OF DEATH

County Cane Girardeau
 Township Cane Girardeau
 City Cane Girardeau

Registration District No. 125Primary Registration District No. 3009File No. 236Registered No. 236(No. St. Francis Hospital St. Ward)

2. FULL NAME

Mrs. Amanda J. McKinney(a) Residence, No. 312 Center St. Sikeston, Mo.
(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 (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. McKinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
 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) New Madrid, County
(STATE OR COUNTRY)13. NAME William Moore14. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)15. MAIDEN NAME Nancy Stoker16. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)17. INFORMANT Mrs. Hazel McGinnis
(ADDRESS) Oran, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Mathews, Mo. DATE Aug. 20, 193519. UNDERTAKER John Alton
(ADDRESS) Sikeston, Mo.20. FILED 8/19/35 J. M. I. Rump
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 19 193522. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1935, to 8/19, 1935I last saw her alive on Aug. 19, 1935. Death is said to have occurred on the date stated above, at 6:55 a.m.

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

Date of onset

FR. H. FEMOR

Other contributory causes of importance:

MyocarditisName of operation Myocarditis Date of 1935What test confirmed diagnosis? Myocarditis Was there an autopsy?23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Myocarditis Date of injury 1935Where did injury occur? Myocarditis (Specify city or town, county, and State)

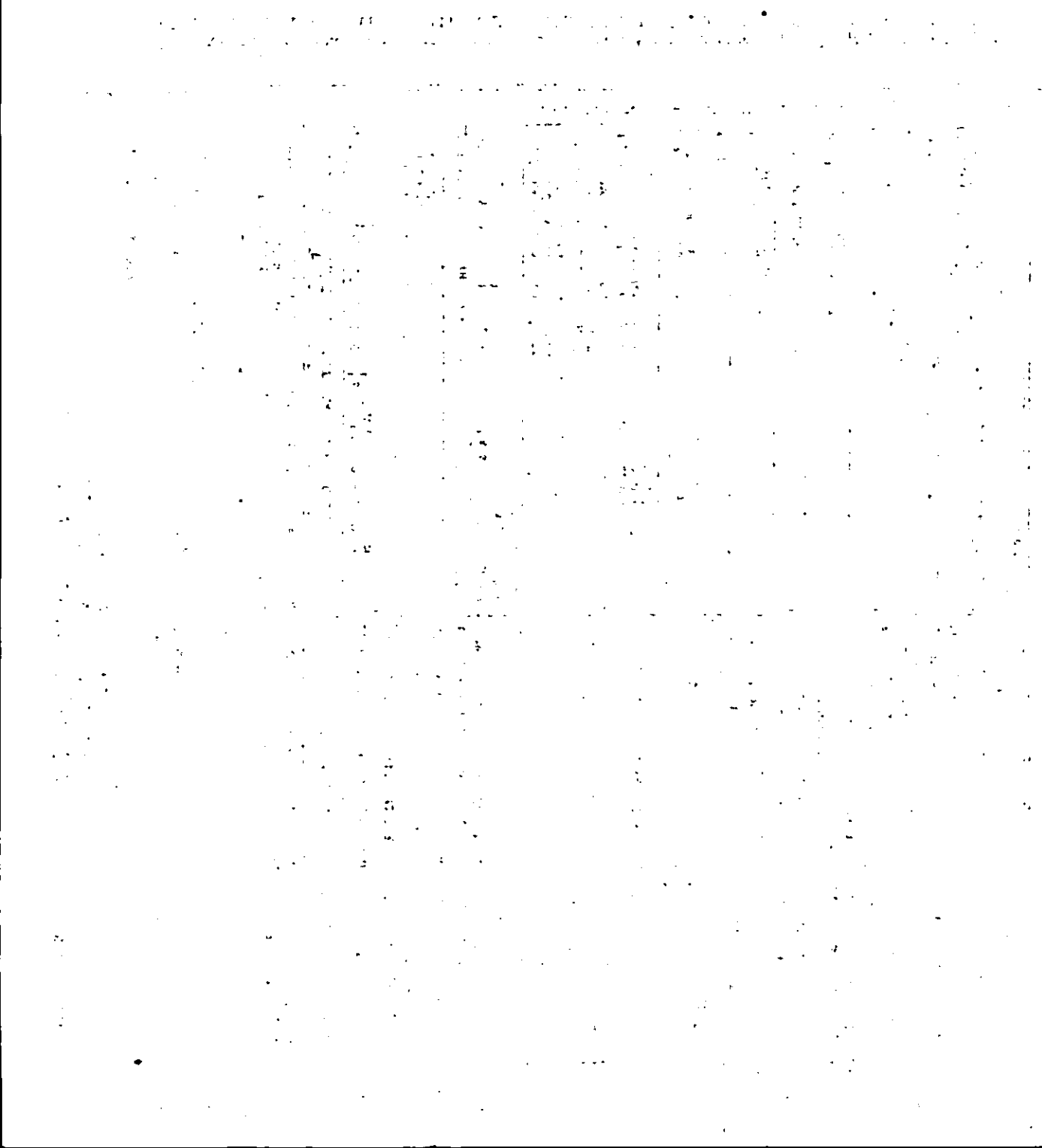
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury MyocarditisNature of injury Myocarditis

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Myocarditis(Signed) J. M. I. Rump, M. D.(Address) Cope, Sikeston, Mo.RegistrarRegistrarRegistrarRegistrar

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 Cape Girardeau Registration District No. 125
Township Cape Gir. Primary Registration District No. 3009-
City Cape Gir. (No.) St. Ward

File No. 25803-
Registered No. 236

2. FULL NAME

(a) Residence, No. St. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 80
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY)

13. NAME

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

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 4-7-1936 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19-1935

I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .
First 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:

Fracture lt. Femur 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 8/14-1935

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) A. F. Foxworth M. D.
(Address) Cape Girardeau 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.

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