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

NOV 2 1935

Do not use this space.

31293

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. St. Anthony's Hospital St. Ward)

File No. 8112

Registered No. .....

2. FULL NAME Baby McKinney.

(a) Residence, No. 4018 S. Grand St., 15 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred -- yrs. -- mos. 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	----

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 23, 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	---	---	3	

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, 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) St. Louis, (STATE OR COUNTRY) Mo.

FATHER

13. NAME Elmer McKinney

14. BIRTHPLACE (CITY OR TOWN) Morristown, (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Lola Jackson

16. BIRTHPLACE (CITY OR TOWN) Winder, (STATE OR COUNTRY) Georgia

17. INFORMANT (ADDRESS) Mr. Elmer McKinney 4018 S. Grand

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset B. Park DATE Sept. 27, 1935

19. UNDERTAKER (ADDRESS) Beidemeister Funeral Home Inc. 1936 St. Louis avenue

20. FILED SEP 27 1935, 19.... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/23, 1935, to 9/26, 1935.

I last saw ~~him~~ alive on 9, 19.... Death is said to have occurred on the date stated above, at 2:30 P.M.

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

	Date of onset
Intestinal obstruction	9/23/35
122.6	
Other contributory causes of importance: Intussusception	9/23/35

Name of operation Laparotomy Date of 9/26/35

What test confirmed diagnosis? Surgical findings 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? ----

If so, specify

(Signed) W. H. Burdeshaw M. D.

(Address) 4755 Mangold Rd.

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.

W H [illegible]
4755 Mar[illegible]