NOV 23 1935

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

Do not use this space.

File No. 33274

Registered No.

1. PLACE OF DEATH
County Linn
Township Baker
City New Boston Mo (No. ... St. ... Ward)

Registration District No. 506
Primary Registration District No. 5871

2. FULL NAME Elliott A. 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 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ada McKinney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jul 5 - 1857
7. AGE: YEARS 78, MONTHS 2, DAYS 26. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
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): 1925
11. Total time (years) spent in this occupation: 10 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Beloit Ills

FATHER
13. NAME: Lorenzo McKinney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): -

MOTHER
15. MAIDEN NAME: Polly Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

17. INFORMANT: Geo. N. Barron
(ADDRESS) Bucklin Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE New Boston DATE 10/9 1935

19. UNDERTAKER: A. Larson
(ADDRESS)

20. FILED 10/8 1935 J. L. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 1930, to Oct 7 - 1935
I last saw him alive on Sy 24 1930 Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows: Apoplexy of Brain | Date of onset 1925

Other contributory causes of importance: None

Name of operation None 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? No
If so, specify ...
(Signed) E. D. Dilee M. D.
(Address) Winigan Mo

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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.