

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.

DEC 12 1935

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo.

No. 1536, Papin

791

1003

File No.

37899

Registered No.

9878

St.

Ward)

2. FULL NAME

Emmett McKinney

(a) Residence, No. 3502 a Belle Ave St. 21 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

Male

4. COLOR OR RACE

Colored

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

Minor

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

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

Nov. 14 1934

7. AGE

YEARS

MONTHS

DAYS

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

1

9

OCCUPATION

8. Trade, profession, or particular kind of work done, as planner, 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)

St. Louis

FATHER

13. NAME

Emmett McKinney

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

unknown

MOTHER

15. MAIDEN NAME

Clara Nicholas

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

St. Louis Mo

17. INFORMANT (ADDRESS)

Clara McKinney
3502 a Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cabotary Cem.

DATE

Nov 26, 1935

19. UNDERTAKER (ADDRESS)

Chas. J. Bates
4107 Minner

20. FILED

NOV 25 1935

J. A. Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1935 to November 23, 1935

I last saw him alive on November 23, 1935 Death is said to have occurred on the date stated above, at H. P. m.

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

Colitis, acute
Bronchopneumonia

Date of onset

Other contributory causes of importance:

Dysphagia
Quadrilateral ulceration

Name of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

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) James E. Jackson M. D.

(Address)

1536 - Papin St

