

27 1936

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

Do not use this space.

40226

1. PLACE OF DEATH
 County Macon Registration District No. 533
 Township Primary Registration District No. 3027
 City Macon (No.) St. Ward
 2. FULL NAME Milma McKinstry
 (a) Residence, No. Bever, Mo. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 1919

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>16</u>	<u>2</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housework

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) Bever Mo

FATHER

13. NAME Jess McKinstry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherry Box Mo

MOTHER

15. MAIDEN NAME May Cooley

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

17. INFORMANT Jess McKinstry (ADDRESS) Bever, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE First Cabwood DATE 12/23/35

19. UNDERTAKER H. G. Edwards (ADDRESS) Bever Mo

20. FILED 1/4 1936 Beata Venton Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1935 to Dec 21, 1935

I last saw him/her live on Dec 21, 1935 Death is said to have occurred on the date stated above, at 5:45 P.M.

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

Toxaemia of pregnancy (Eclampsia) Date of onset about Dec 19/35

Other contributory causes of importance: W.D.

Name of operation Date of
 What test confirmed diagnosis? Clinical 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? No
 If so, specify
 (Signed) J. O. Brownway M. D.
 (Address) Macon Mo.

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.

