

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

Do not use this space.

MAR 17 1936

1987
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1. PLACE OF DEATH

County Carter
Township Johnson
City Grandin, Mo. (No.)

Registration District No. 145.
Primary Registration District No. 5208.

File No.
Registered No. St. Ward

2. FULL NAME George Washington McKinney.

(a) Residence, No. Grandin, Mo. 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 Male. 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 Minerva A. McKinney, deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12th, 1855.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2. 0

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. Farmer.
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) Missouri.

13. NAME Elgin McKinney,

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

15. MAIDEN NAME Mary McKinney Clark

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

17. INFORMANT Claude McKinney, (ADDRESS) Grandin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Acedonia Cem. Ripley Co. 1/13/36

19. UNDERTAKER John Jordan (ADDRESS) Grandin, Mo.

20. FILED 2/16th. 1936. Alphonse J. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1936, to Feb 12, 1936.
I last saw him alive on Feb 4, 1936. Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset

Other contributory causes of importance: Age and influenza

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....., 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 R. H. Watson, M. D.
(Signed) Alphonse J. Johnson (Address) Grandin, 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.

