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

MAR 21 1936

Do not use this space.

5919

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 121
City Kansas City (No. , Research Hospital St. Ward)

2. FULL NAME Henry McKinley

(a) Residence, No. 536 E 24 Terrace St., 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 - 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
66	11.	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stonemason
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) Dundee Scotland

FATHER

13. NAME Un known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs Agnes Witte
(ADDRESS) Avondale Ex 154

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hill DATE 2 , 19 36

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 N. Linwood

20. FILED 3/11 , 1936 M. M. Crane
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9 , 1936.

22. I HEREBY CERTIFY, That I attended deceased from 1-23- , 1936, to 2-9 , 1936

I last saw him alive on 2-9 , 1936. Death is said to have occurred on the date stated above, at 11⁰⁰ a.m.

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

	Date of onset
Intussusception sigmoid.	Jan 25
Gangrenous bowel	
No malignancy found.	
Intestinal obstruction	1-26
Other contributory causes of importance:	
Operation Treated. 1-26-36	
Mitchelitz reaction	
Sigmoid 7	

Name of operation Date of 2-7-36
What test confirmed diagnosis? Operation Was there an autopsy? Partial

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) C. H. Hurst , M. D.
(Address) Prof Bldg