

JUN 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85
1001

File No. 18573

Township St Joseph

Primary Registration District No. St Joseph

Registered No. 657

City St Joseph (No St Joseph Hospital)

St. _____ Ward _____

2. FULL NAME

Ephraim McKinney

(a) Residence, No. 1314 So 6 St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

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

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

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1936, to May 2, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 1860

I last saw him alive on May 1, 1936 Death is said to have occurred on the date stated above, at 6:50 a.m.

7. AGE YEARS 75 MONTHS 8 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows: facial myocardial infarction Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wick digger
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Ephraim McKinney

Name of operation crisis Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Unknown

18. BURIAL, CREMATION, OR REMOVAL Catholic DATE May 6

19. UNDERTAKER (ADDRESS) Bury - Dyck

20. FILED 5-5 1936 J. H. Heston Registrar.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) A. J. Smith, M. D.
(Address) P. S. West

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.

