

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

Do not use this space.

26229

1. PLACE OF DEATH

County Green

Registration District No. 318

Township

Primary Registration District No. 2001

City

Springfield Springfield Baptist Hosp St. Marshfield, Mo (Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred

yrs.

mos.

7 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

W

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

Married

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

John McKinney

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

March 24 1871

7. AGE

YEARS

65

MONTHS

8

DAYS

12

If LESS than 1 day,hrs. ormin.

OCCUPATION

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

Housewife

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)

1930

11. Total time (years) spent in this occupation

life

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

Saint Phillipen Texas

13. NAME

John Allen

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

Texas

15. MAIDEN NAME

Mary Jane Eidam

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

Texas

17. INFORMANT (ADDRESS)

Mary McKinney
Marshfield, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Marshfield

DATE

July 6 1936

19. UNDERTAKER (ADDRESS)

Geo. J. Smith
Marshfield, Mo

20. FILED

7-6

19. 36

Dr. Chas. A. George
Register

MEDICAL CERTIFICATE OF DEATH

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

July 6 1936

22. I HEREBY CERTIFY That I attended deceased from

July 1 1936 to July 6 1936

I last saw him alive on July 6 1936 Death is said

to have occurred on the date stated above, at 5 A m.

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

Cyrenoma of
Stomach

Other contributory causes of importance:

Name of operation

none

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?

If so, specify

(Signed)

(Address)

Harris Smith
Springfield, Mo

