

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

Do not use this space.  
27274  
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SEP 25 1936

1. PLACE OF DEATH

County McDonald  
Township Pineville  
City (No)

Registration District No. 114  
Primary Registration District No. 170

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Martha Ann McKinstry

(a) Residence, No. Anderson, mo R2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>fc</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charley McKinstry</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26, 1874</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>62</u>	<u>5</u>	<u>24</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home work</u>
	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) Shannon County  
(STATE OR COUNTRY) Missouri

13. NAME Louis Masey  
14. BIRTHPLACE (CITY OR TOWN) Knoxville  
(STATE OR COUNTRY) Tenn.

15. MAIDEN NAME do not know  
16. BIRTHPLACE (CITY OR TOWN) Knoxville  
(STATE OR COUNTRY) Tenn.

17. INFORMANT Otto McKinstry  
(ADDRESS) Anderson, mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Park Cemetery, Cathoy, Mo DATE July 29, 1936

19. UNDERTAKER Lee O Carmell  
(ADDRESS) Pineville, mo

20. FILED July 21, 1936 Lee O Carmell  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to July 20, 1936  
I last saw him alive on July 20, 1936. Death is said to have occurred on the date stated above, at 10 P. M.  
The principal cause of death and related causes of importance were as follows:

apoplexy  
Date of onset \_\_\_\_\_

Other contributory causes of importance: HTA

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 \_\_\_\_\_, 1936

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) Earl V. Horton, M. D.

(Address) Pineville, mo

