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.

SEP 29 1936

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

Do not use this space. 7

27668

1. PLACE OF DEATH
County: Randolph
Township: Cairo,
City: (No. , St. Ward)
Registration District No. 724
Primary Registration District No. 5963
File No.
Registered No. 64

2. FULL NAME: Madison McKinney,
(a) Residence, No. East Of Cairo, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 86 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): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sallie G. Hagood,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 25th 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	86	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer,
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): 1933
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cairo, Mo.

FATHER
13. NAME: Daniel McKinney,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Eliza Brown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Stanley McKinney. Cairo, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Liberty Cem. DATE: July 16-36, 19

19. UNDERTAKER (ADDRESS): Snow Funeral Home. Moberly, Mo.

20. FILED July 17, 1936 Dr. J. P. Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14-36, 19

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to July 14, 1936
I last saw h— alive on July 10, 19... Death is said to have occurred on the date stated above, at 7.15 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Hip	
Senility.	

Other contributory causes of importance:

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
(Signed) John P. Allen, M. D.
(Address) Cairo, Mo.

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.

1. PLACE OF DEATH
County Randolph — Registration District No. 729 — File No. 27668
Township Cairo — Primary Registration District No. 5963 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Madison McKinney
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Wid

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

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

7. AGE — YEARS: 86 — MONTHS: 2 — DAYS: 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED July 17 1936 Dr J P Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Hip	

Other contributory causes of importance:
Senility

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~~ Accident Date of injury Jan 10 1936
Where did injury occur? At home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in home slipped on ice
Manner of injury broke Hip
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) John P. Allen, M. D.
(Address) Cairo Mo.

1860

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