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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

OCT 21 1938

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

Do not use this space.

37137

1. PLACE OF DEATH
County Cole Registration District No. 211
Township Marion Primary Registration District No. 5291
City (No. , St., Ward)

File No.
Registered No. 21

2. FULL NAME Mrs. Fanny McKinney
(a) Residence, No. Near Elston, Mo. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| F. | W. | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1- 1860

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 76 | 8 | 5 | |

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Missouri

FATHER
13. NAME Thomas W. Mahan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Eliza D Wyatt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County

17. INFORMANT Mrs. Calvin Thomas daughter
(ADDRESS) ELSTON, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elston Cemetery DATE Oct. 8 1938

19. UNDERTAKER Dawson Lamey By J. S.
(ADDRESS) Jefferson City, Mo.

20. FILED 10/8 1938 H. T. Leach M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6. 1936

22. I HEREBY CERTIFY, That I attended deceased from April 30 1936, to October 6 1936
I last saw her alive on Sept. 18, 1936 Death is said to have occurred on the date stated above, at 5 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of breast | Don't Know |

Other contributory causes of importance
Myocarditis of heart

Name of operation Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No.

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) H. T. Leach, M. D.
(Address) Elston, Mo.