

DEC 9 1936

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

Do not use this space.

38201

## 1. PLACE OF DEATH

County LewrenceRegistration District No. 468Township MarionvillePrimary Registration District No. 4281City MarionvilleFile No. \_\_\_\_\_  
Registered No. 41  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Catherine Charlotte McKinley

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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

Female

## 4. COLOR OR RACE

W

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

Widowed

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

L. D. McKinley

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

Sept 2 1858

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

7818

## 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)

Lewrence Co. Mo

## 13. NAME

David J. Wheat

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

Indiana

## 15. MAIDEN NAME

Rachael Ryker

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

Indiana

## 17. INFORMANT (ADDRESS)

Mr. D. Snyder, Marionville, Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Marionville DATE Oct 22 1936

## 19. UNDERTAKER (ADDRESS)

Bradford Funeral Home, Marionville, Mo

## 20. FILED

Nov. 6 1936 Laura O. Cannon, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 193622. I HEREBY CERTIFY, That I attended deceased from June 16 1888, 1888, to Feb 20 1934, 1934Last saw her alive on Oct 20 1936, 1936. Death is saidto have occurred on the date stated above, at 4 P.M.

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

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy 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? no

If so, specify \_\_\_\_\_

(Signed) F. W. Lister, M. D.(Address) Marionville, Mo.

