

DEC 18 1936

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

Do not use this space.

40717

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Plating River Primary Registration District No. 3011
City Excelsior Springs, Mo. St. 3d Ward

2. FULL NAME McKINNEY, William R.

Veterans Administration Facility
(a) Residence, No. Excelsior Springs, Mo. St. _____ Ward. Joplin, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 11 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 12, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>42</u>	<u>0</u>	<u>13</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u> 11. Total time (years) spent in this occupation <u>Unknown</u>

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

13. NAME Andrew J. McKinney

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

15. MAIDEN NAME Mary E. Sanders

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

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Joplin, Mo. DATE 11-25-36

19. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs, Mo.

20. FILED 11-25-1936 Mrs. Red McQuinn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1936, 19....., to Nov. 25, 1936, 19.....

I last saw him alive on Nov. 25, 1936, 19..... Death is said to have occurred on the date stated above, at 3:50 m. A.M.

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

Tuberculosis, pulmonary, chronic advanced, bilateral

Other contributory causes of importance:
None

Name of operation None Date of _____
What test confirmed diagnosis Lab & X-Ray Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO 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. C. HARDEGREE, MD. Clinical Director
Veterans Administration Facility
Excelsior Springs, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is not necessary.

