

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.

DEC 20 1933

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

Do not use this space.

41472

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Clinton

Primary Registration District No. 1002

City Kansas City

(No. 1001 Harrison)

File No.

Registered No. 5254

St. 22nd Ward)

2. FULL NAME

Mrs. Florence Bell McKinney

(a) Residence, No. 1001 Harrison 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 <u>Female</u>	4. COLOR OR RACE <u>White</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>Frank McKinney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 25 1865</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>3</u>	DAYS <u>0</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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) (STATE OR COUNTRY) Ill

MOTHER FATHER 13. NAME James Statton

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

15. MAIDEN NAME Elizabeth Miller

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

17. INFORMANT Mrs. Iva Conner

(ADDRESS) 1001 Harrison

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenlawn DATE 11-28-36

19. UNDERTAKER J. F. O'Donnell Co

(ADDRESS) 1100 W. 12th

20. FILED Nov 27 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25-1936

22. 11-2 I HEREBY CERTIFY, That I attended deceased from 11-2 1936, to 11-25 1936

I last saw him alive on 11-25 1936 Death is said

to have occurred on the date stated above, at 9:40 P. M.

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

Colitis for years with
Obstipation

Other contributory causes of importance:
Double hernia & emphysema

Name of operation..... Date of.....

What test confirmed diagnosis? Cancer 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) W. R. Jones, M. D.

(Address) Tenth & Harrison

