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.

MAY 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 15422
Township KAW — Primary Registration District No. 1002 — Registered No. [illegible]
City KANSAS CITY (No. 4409 HIGHLAND 9 St. Ward)

2. FULL NAME WILLIAM JAMES McKINSTRY
(a) Residence, No. 512 W. 20th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 31 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): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 12 - 1883

7. AGE: YEARS 53 — MONTHS 8 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MOTION PICTURE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OPERATOR
10. Date deceased last worked at this occupation (month and year) APRIL 1937
11. Total time (years) spent in this occupation

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

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

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

17. INFORMANT (ADDRESS) MRS. MARGARET McKINSTRY 512 W. 20th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE April 27 1937

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS BC. & PASEO

20. FILED Apr 26 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 24 1937

22. I HEREBY CERTIFY, That I attended deceased from March 22 1937, to April 24 1937
I last saw him alive on April 24, 1937. Death is said to have occurred on the date stated above, at 2:48 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myeloblastic leukemia	3-22-37
72a	

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical 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? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Robert C. Swisher, M. D.
(Address) 838 Argyle Bldg

Argyle Bldg -