

MAY 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Monroe  
Township Jackson  
City Jackson (No. 1)

Registration District No. 582  
Primary Registration District No. 5779

File No. 17027  
Registered No. 18  
St. Mo. Ward 1

2. FULL NAME

Edward Berry McKinney  
(a) Residence, No. Monroe St., Infirmary Ward. 1  
(Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 1 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Monroe County, Mo.

13. NAME Bugh McKinney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

15. MAIDEN NAME Eula Berry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

17. INFORMANT Charles McKinney  
(ADDRESS) Madison, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE ML- 1111 DATE April 30, 1937

19. UNDERTAKER Fred A. Thompson  
(ADDRESS) Madison, Mo.

20. FILED 4-30-37 H. C. Payne  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29 1937

22. HEREBY CERTIFY, That I attended deceased from April 7, 1937, to April 29, 1937  
I last saw him alive on April 24, 1937. Death is said to have occurred on the day stated above, at 4:30 p. m.  
The principal cause of death and related causes of importance were as follows:

Tuberculosis of Bladder  
Date of onset 21.12

Other contributory causes of importance none

Name of operation none Date of none  
What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none Date of injury none, 1937  
Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify none

(Signed) Geo. P. Raydall, M. D.  
(Address) Madison, Mo.

