

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.

JUN 30 1937

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

Do not use this

21548

1. PLACE OF DEATH

County Rusk Sullivan

Township Polk

City

(No.

Registration District No. 853

Primary Registration District No. 6130

File No.

Registered No.

St.

Ward

2. FULL NAME Alfred L. McKinney.

(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 40 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

Rebecca J. McKinney.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1863.

7. AGE

YEARS

MONTHS

DAYS

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

73

5

29

OCCUPATION

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) Sullivan County,  
(STATE OR COUNTRY) Missouri.

13. NAME John McKinney.

14. BIRTHPLACE (CITY OR TOWN) No Data  
(STATE OR COUNTRY)

15. MAIDEN NAME Rebecca Baker.

16. BIRTHPLACE (CITY OR TOWN) No Data.  
(STATE OR COUNTRY)

17. INFORMANT Rebecca J. McKinney,  
(ADDRESS) Milan, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

Oak Grove, Cem. Milan, May, 26, 1937

19. UNDERTAKER C. A. Schoefer,  
(ADDRESS) Milan, Mo.

20. FILED June 7, 1937 Chas Hagan  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1937

22. I HEREBY CERTIFY, That I reside on  
March 1, 1937, to March 1, 1937, 1937

I last saw him alive on March 1, 1937. Death is said

to have occurred on the date stated above, at 4:25 p.m.

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

Arterio-sclerosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? 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

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)

(Address)

J. S. Montgomery  
Milan, Mo.

M. D.

[illegible]

100

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4  
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1990

20

100

[illegible]

1. *Phragmites australis* (Cav.) Trin. ex Steud.

space.