

AUG - 5 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital

County

Registration District No.

791

File No.

25856

Township

Primary Registration District No.

1003

Registered No.

7030

City St. Louis(No. 2601)N Whittier

St.

Ward)

2. FULL NAME John McKinney

(a) Residence, No.

2110 1/2 Biddle - R

St.

21

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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

Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Separated

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

unknown

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

Jan. 1, 1890

7. AGE

YEARS

MONTHS

DAYS

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

18 1/247620

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

P. W. A. Project

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)

Mississippi

FATHER

13. NAME

Dave McKinney

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

Mississippi

MOTHER

15. MAIDEN NAME

Millie Young

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

Mississippi

17. INFORMANT (ADDRESS)

Kuella McKinney
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Father's Burial
7-24

DATE

19. UNDERTAKER (ADDRESS)

Ellis Funeral Home
2526 Shodden

20. FILE

JUL 24 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 193722. I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to July 21, 1937I last saw him alive on July 21, 1937. Death is said to have occurred on the date stated above, at 7:05 a.m.

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

Ruptured gastric ulcerDate of onset
7/15/37

Other contributory causes of importance:

acute peritonitis with surgeryName of operation laparotomy with re-pair Date of 7/15/37
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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?

If so, specify

(Signed)

(Address)

2601 N Whittier

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.

