

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Halls
City Halls

Registration District No. 86
Primary Registration District No. 5128
(No. Halls, Mo.)

File No. 14136
Registered No. 25
St. _____ Ward _____

2. FULL NAME

William Sanford McKinney 2

(a) Residence, No. Am. Farm, Near Halls Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Clara Adine Norris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 years 7 months 16 days

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

13. NAME Samuel McKinney

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

15. MAIDEN NAME Louisa Norris

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

17. INFORMANT (ADDRESS) B. F. McKinney Ottawa Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory, near Halls Mo DATE April 16 1938

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 Calhoun St. Joseph Mo.

20. FILED Apr 16 1938 A. H. Tadlock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1938 to April 14 1938
Last saw him alive on April 13 1938. Death is said to have occurred on the date stated above, at 12:10 A.M.

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

Hypertrophic Cirrhosis of the Liver Date of onset Unknown

Other contributory causes of importance:
Bronchopneumonia following influenza and a fall injuring the left joint Jan 9:38

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? ✓ 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. A. Robertson, M. D.

(Address) St. Joseph Mo

132