

AUG 11 1938

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

Do not use this space.

24619

File No. _____

Registered No. 1099

St. _____ Ward _____

1. PLACE OF DEATH

County AndrainRegistration District No. 26Township East RiverPrimary Registration District No. 5084City Malvern Mo. No. 970

2. FULL NAME

(a) Residence, No. Malvern

(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)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Jennie Jolly McKinney

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

June 15 - 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

89424

OCCUPATION

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

Retired 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)

Platte Co., Mo.

13. NAME

John McKinney

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

D. N.

15. MAIDEN NAME

Mary Hill

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

Danvers, Mo.

17. INFORMANT (ADDRESS)

Will Dowell Malvern Mo. RFD

18. BURIAL, CREMATION, OR REMOVAL

PLACE Malvern Mo. DATE July 13 - 1938

19. UNDERTAKER (ADDRESS)

McPhets Bros Malvern Mo.

20. FILED

July 13, 1938 Blanche Keely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 - (7:20 PM) 1938

22. I HEREBY CERTIFY, That I attended deceased from

7-9-1938 to 7-11-1938I last saw him alive on 7-9-1938 Death is saidto have occurred on the date stated above, at 7 P. m.

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

Cerebral Hemorrhage
Senile Dementia

Date of onset

Other contributory causes of importance:

Senile changes

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. H. Harrison, M. D.(Address) Malvern Mo.

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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.

