

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.

OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County MILLER
Township SHUTE
City Edon (No. _____)

Registration District No. 561
Primary Registration District No. 4330

File No. 32773
Registered No. 70 St. _____ Ward _____

2. FULL NAME

JAMES HENRY MCKINNEY 250
(a) Residence, No. _____ St. _____ Ward _____
(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. (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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1913

7. AGE YEARS 20 MONTHS _____ DAYS 08 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Morgan County mo

13. NAME James A. McKinney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County mo

15. MAIDEN NAME Bertie Devenport

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Camden mo

17. INFORMANT (ADDRESS) James A. McKinney Versailles mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edon Cemetery DATE Sept 30 1938

19. UNDERTAKER (ADDRESS) W. G. Krumm Versailles mo

20. FILED Oct 3 1938 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1938 to Sept 28 1938

I last saw him alive on Sept 27 1938. Death is said to have occurred on the date stated above, at 7:30 a. m.

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

Bronchectasis
Complicated by
Spontaneous Pneumothorax
and
Acute heart failure

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 _____, 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) W. G. Krumm, M. D.

49. (Address) Versailles mo

