REC'D SEP 20 1939

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

Do not use this space.

1. PLACE OF DEATH

39 County Greene 1 Registration District No. 325 File No. 29209

Township Walnut Grove Primary Registration District No. 5450 Registered No. 55

City ✓ ✓ (No. ..... St. ..... Ward)

2. FULL NAME 250 Sarah L. McKinney

(a) Residence, No. Walnut Grove St. Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 J F McKinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-22-1858

7. AGE YEARS 81 MONTHS 6 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Mt. Vernon Ky

FATHER
13. NAME Nathan Bray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Mary Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) J. F. McKinney Walnut Grove Mo

18. BURIAL, CREMATION, OR REMOVAL Cemetery
PLACE Williamson DATE Aug. 8 1939

19. UNDERTAKER (ADDRESS) Bruns Funeral Service Walnut Grove Mo.

20. FILED Aug 8 1939 Etta B McElwee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August-6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1935, to ....., 1939

I last saw her alive on Aug, 4st, 1939 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Senility, Loss of mind, and general debility, over several years.

Date of onset

Other contributory causes of importance 162

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? .....

If so, specify .....

(Signed) J. L. Yerkes, M. D.

295 (Address) Walnut Grove Mo.

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.