REC'D SEP 19 1939

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

Do not use this space.

2/1

71 1. PLACE OF DEATH

County Morgan — Registration District No. 597 — File No. 29773

Township Monroe — Primary Registration District No. 5792 A — Registered No.

City Rocky Mount (No. ..., ... St. ..... Ward)

254

2. FULL NAME Nancy Ann McKinley

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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: 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: Sam McKinley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 5, 1860

7. AGE: YEARS 79 — MONTHS 0 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Moniteau Co. Missouri — 0

FATHER

13. NAME: Elias Scott — 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri — 1

MOTHER

15. MAIDEN NAME: Elizabeth Birdsong
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Sam McKinley, Rocky Mt Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cemetery DATE Aug. 23 1939

19. UNDERTAKER (ADDRESS): Keith M. Kays, Eldon Mo.

20. FILED 9/10 1939 H E Callison, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/15, 1939, to 8/22, 1939

I last saw her alive on 8/15, 1939. 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:

	Date of onset
Cerebral Hemorrhage	
Hemiplegia Left Sick	1938
82 W	

Other contributory causes of importance:

Arterio-Sclerosis	?

Name of operation ..... 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) G. D. Walker, M. D.

527 (Address) Eldon Mo.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-133
Date Filed 9-13-39