

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

PLACE OF DEATH

County Dallas
Township Pleasant Ridge
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward _____)

Registration District No. 35 File No. 8108
Primary Registration District No. 5043 Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Julia C McKinney

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED widowed
(If write the word)

DATE OF DEATH March 4th, 1922
(Month) (Day) (Year)

DATE OF BIRTH October 15, 1882
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 1st, 1922, to March 3rd, 1922, that I last saw her alive on March 1st, 1922, and that death occurred, on the date stated above, at _____ m.

AGE 79 yrs. 4 mos. 19 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

OCCUPATION (a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____

108 (Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE (City or town, State or foreign country) Pennsler

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) E. D. Gigg M. D.
1922 (Address) Verona, Mo.

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted If not at place of death?
Former or usual residence _____

(Informant) J. C. McKinney
(ADDRESS) Monett, Mo.

PLACE OF BURIAL OR REMOVAL Bethel Cem. DATE OF BURIAL March 5, 1922

Filed 3/6 1922 J. P. Pennel REGISTRAR

UNDERTAKER J. P. Thomas & Son ADDRESS Monett

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

CAUSE OF DEATH TO BE PRINTED FULLY, AND THE TIME AND PLACE OF OCCURRENCE TO BE FULLY SET FORTH IN EACH ITEM. OCCUPATION IS VERY IMPORTANT.

