

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

Do not use this space.

9742

1. PLACE OF DEATH

89 County Ray Registration District No. 744
Township Richmond Primary Registration District No. 3035 File No. _____
City Rayville Mo (No. 5976) Registered No. 25 St. _____ Ward)

2. FULL NAME

George David McKenney
(a) Residence. No. Rayville Mo St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. 12 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11 - 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>4</u>	<u>12</u>	<u>12</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Rayville
(STATE OR COUNTRY) Ray Co Mo

10. NAME OF FATHER Fred F McKenney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rayville
(STATE OR COUNTRY) Ray Co Mo

12. MAIDEN NAME OF MOTHER Grace Stapleton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ray Co

14. INFORMANT F. F. McKenney
(Address) Rayville Mo

15. FILED 3-26-33 19 _____
E. E. Day REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 1932

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on Mar 22, 1932 and that death occurred, on the date stated above, at _____ am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza (intestinal)
11B (duration) yrs. _____ mos. 4 ds.

CONTRIBUTORY (SECONDARY) 110 (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physic
(Signed) E. E. Day M. D.
, 19 _____ (Address) Richmond Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sanderson Cemetery DATE OF BURIAL 3/24 1932

20. UNDERTAKER H. R. ... ADDRESS Rayville 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.

APR 28 1933

THIS IS A PERMANENT RECORD

