

CERTIFICATE OF DEATH
FLORIDASTATE FILE NO. 65-048041
REGISTRAR'S NO. 908

BIRTH NO.

1. PLACE OF DEATH a. COUNTY <u>Manatee</u>		CODE NO. <u>51-026</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Florida</u>		b. COUNTY <u>Manatee</u>
b. CITY, TOWN, OR LOCATION <u>Bradenton</u>		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION <u>Bradenton</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Manatee Memorial Hospital</u>			d. STREET ADDRESS <u>3504 Riverview Blvd.</u>		
3. NAME OF DECEASED (Type or print) <u>William Boyd McKechnie</u>			4. DATE OF DEATH Month <u>October</u> Day <u>29</u> Year <u>1965</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 7, 1886</u>		9. AGE (In years last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prayer - Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Prof. Baseball</u>		11. BIRTHPLACE (State or foreign country) <u>Wilksburg, Pa.</u>	
13. FATHER'S NAME <u>Archibald McKechnie</u>			14. MOTHER'S MAIDEN NAME <u>Mary Murray</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>167-07-6627</u>		17. INFORMANT'S SIGNATURE <u>Wm Boyd McKechnie</u> Address: <u>5704 Fish Ave. Drive NW, Bradenton, Fla.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia - virus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Lymphatic Leukemia</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>12/1/62</u> to <u>10/29/65</u> and last saw her alive on <u>10/29/65</u> Death occurred at <u>4:20 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>W. D.</u>			22b. ADDRESS <u>Bradenton</u>		22c. DATE SIGNED <u>10/30/65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-1-65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Manasota Memorial Pk.</u>		23d. LOCATION (City, town, or county) (State) <u>Oneco Florida</u>
24. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Miller</u>		ADDRESS <u>Toale Bros. Bradenton, Fla.</u>		25. DATE RECD. BY LOCAL REG. <u>10-30-65</u>	26. REGISTRAR'S SIGNATURE <u>Rose Turbeville</u>

MEDICAL CERTIFICATION