

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

30617

1. PLACE OF DEATH

County Douglas
Township St. Joseph Mo.
City St. Joseph Mo.

Registration District No. 35
Primary Registration District No. 1001

File No. _____
Registered No. 982
St. _____ Ward _____

2. FULL NAME

(a) Residence. Name William McKee St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. 3 mos. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. E. McKee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stangrocks Co. Illinois
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas McKee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Jane Stewart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Miss Jennie E. Johnson
(Address) St. Joseph, Mo. 2000 Broadway

15. FILED 9-25-31 John R. Bendure REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1931

17. I HEREBY CERTIFY, That I attended deceased from July 1st 1931 to Sept 24 1931
that I last saw him alive on Sept 24 1931, and that death occurred, on the date stated above, at 1:05 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93 C
162 Ort (duration) 2 yrs. 2 mos. 24 da.
CONTRIBUTORY Senile Psychosis
(SECONDARY) over (duration) 13 yrs. 0 mos. 24 da.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Cleifton Smith, M. D.
Sept 24, 1931 (Address) State Hospital #2 St. Joseph Mo.

*State the DISEASE CAUSING DEATH, of 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 St. Joseph, Mo. 2000 Broadway
DATE OF BURIAL Sept 26 1931

20. UNDERTAKER Heaton B. Byles & Bowman
ADDRESS 319 S. 10th

Funeral Home

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

SEP 22 1931

