

JUL 25 1927

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

Do not use this space.

17554

1. PLACE OF DEATH

County Bushanan
Township
City St Joseph (No.)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 590
St. Ward

2. FULL NAME Frederick A. McKague

(a) Residence No. 2514 So. 18. St. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? 61 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. ~~Single~~ MARRIED, WIDOWED OR DIVORCED married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Hillie B. McKague

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 | 10 | 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Car. Foreman Ry
(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)
(c) Name of employer C. B. + 2. R. R. Co.

9. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Canada

10. NAME OF FATHER Robt. T. McKague

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

12. MAIDEN NAME OF MOTHER Fannie Cairns

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

14. INFORMANT E. B. Kessler
(Address) St Joseph, Mo.

15. FILED 6 1927 REGISTRAR J. G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June - 4 - 1927

17. I HEREBY CERTIFY, That I attended deceased from May - 1 - 1927, to June - 4 - 1927 that I last saw him alive on June - 4 - 1927, and that death occurred, on the date stated above, at 6:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1012
lobar pneumonia
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) bronchial asthma
(duration) 20 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) E. B. Kessler M. D.
322 Kirkpatrick Bldg
St Joseph, Mo. 1927 (Address)

*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 Mount Mora DATE OF BURIAL June 7, 1927

20. UNDERTAKER Heenan-Faris ADDRESS 1208 Francis

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.

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

