Greene

Do not use this space.

18001

MISSO[redacted]RD OF HEALTH
[redacted] STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Greene — Registration District No.: 318 — File No.:
Township: — Primary Registration District No.: 5439 — Registered No.: 345
City: Springfield (No. R#11, St., Ward)

2. FULL NAME: Lucinda Frances McKee

(a) Residence. No. R#11 St. Springfield Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If Married, Widowed, or Divorced — HUSBAND OF (OR) WIFE OF: Joseph L. McKee

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 22 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Richard Sneed
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Elizabeth Warren
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Tenn.

14. INFORMANT: Joseph L. McKee
(Address): Springfield, Mo.

15. FILED: 6/4, 1927 — O. C. Hurst M.D. — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 5/28, 1927, to May 29, 1927, that I last saw h. alive on May 27, 1927, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
930
1111 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Nephritis 905
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. M. Stevens, M. D.
6/4, 1927 (Address) 614 Landers Bldg

*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: Robberson Crematory — DATE OF BURIAL: June 5 1927

20. UNDERTAKER: F. W. Klingner & Co. — ADDRESS: 4 Pl. Grand St. Springfield, Mo.