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

Do not use this space.

31464

1. PLACE OF DEATH

County St Louis — Registration District No. 1123 — File No.

Township CARONDELET — Primary Registration District No. 6248 E — Registered No. 358

City (No. MT. SAINT ROSE SANATORIUM St. Ward)

2. FULL NAME Oscar Mc Ree (37)

(a) Residence. No. 5310 Cabanne St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. ~~If Married, Widowed, or Divorced~~ HUSBAND OF ~~(or) WIFE OF~~ Hallie Mc Ree

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20-1898

7. AGE: Years 29 — Months 7 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: William Mc Ree
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Mary Cochran
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

14. INFORMANT: Hallie Mc Ree
(Address) MT. SAINT ROSE SANATORIUM

15. FILED Oct. 3, 1927 L. C. Obrock, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ~~Sept~~ Oct 1, 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1925, to Oct 1, 1927, that I last saw h. 1 M alive on Sept 30, 1927, and that death occurred, on the date stated above, at 1 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23A
CHRONIC PULMONARY TUBERCULOSIS
Don't Know (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) TUBERCULOUS LARYNGITIS
Don't Know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Don't Know
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Sputum

(Signed) A. A. Mcd, M. D
10/1, 1927 (Address) Mt. St. Rose Sanat.

*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: Belfast Tennessee — DATE OF BURIAL: Oct. 3 - 1927.

20. UNDERTAKER: Ziegenheim Bros. 2623 — ADDRESS: Cherokee

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.