

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

Do not use this space.

14131

File No. _____
Registered No. 19 (Ward)

1. PLACE OF DEATH

County Monroe
Township _____
City Paris (No. _____) St. _____ (Ward)

Registration District No. 582
Primary Registration District No. 4344

2. FULL NAME

John Morgan McEee
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) about (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Armillia McEee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 7, 1838

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
90 3 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer
(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) Mo.

10. NAME OF FATHER Jas. L. McEee

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

12. MAIDEN NAME OF MOTHER Susan J. Bryan

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

14. INFORMANT Paul M. McEee
(Address) 214, High St., Booneville, Mo.

15. FILED APR 11 1928 N. C. Payne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) APR 11 1928 19

17. I HEREBY CERTIFY That I attended deceased from March 20, 1928, to April 11, 1928
that I last saw him alive on April 10, 1928, and that death occurred, on the date stated above, at 7:00 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hepatic congestion, and sudden cardiac dilatation.
CONTRIBUTORY (SECONDARY) 12410
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
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) J. F. Flynn, M. D.
APR 11, 1928 (Address) Paris, Mo.

*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 Pleasant Hill DATE OF BURIAL Apr. 13, 1928

20. UNDERTAKER Speed & Blakey ADDRESS Paris, Mo.

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.

1928

JAN 1

