

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

Do not use this space.

41390

JAN 23 1929

1. PLACE OF DEATH

County Jasper
Township McDonald
City Reeds

Registration District No. 419
Primary Registration District No. 3523

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

2. FULL NAME

Robert A. Mc Kay

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male | white | married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Junie Mc Kay

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

Nov. 23-1890

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|-------|--------|------|----------------------------------|
| 38 | 1 | 2 | |

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)

Jasper County Mo.

10. NAME OF FATHER

J. C. Mc Kay

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Scotland

12. MAIDEN NAME OF MOTHER

Harriett Rice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Illinois

14.

INFORMANT Mrs. W. A. White
(Address) Reeds, Mo.

15.

FILED 1/8 1929 Mrs. W. A. Hall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec. 25 1928

17.

I HEREBY CERTIFY That I attended deceased from Jan. 1923, to Dec. 25, 1928 that I last saw him alive on Dec. 24, 1928, and that death occurred, on the date stated above, at 10:00 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic interstitial nephritis

151 97 2 yrs. 6 mos. 0 da.
(duration)

CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) 0 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: ✓

19. DID AN OPERATION PRECEDE DEATH? DATE OF

no

20. WAS THERE AN AUTOPSY?

no
WHAT TEST CONFIRMED DIAGNOSIS Funeral physical
(Signed) W. B. Chopin, M. D.

Dec. 26, 1928 (Address) Carthage, 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

DATE OF BURIAL

Reeds Cemetery

Dec. 28 1928

20. UNDERTAKER

ADDRESS

W. B. Chopin Carthage

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.

