

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

Do not use this space.

8521

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis. (No. 5133 Westminster)

File No.....
Registered No. 2187
St. Ward)

2. FULL NAME.

John C. McKay.
(a) Residence, No. 5133 Westminster St., 12 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver McKay.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14 - 1881
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 10 —

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer) Vice President
(c) Name of employer St. Louis Cooperage Co.

9. BIRTHPLACE (CITY OR TOWN) Cleveland
(STATE OR COUNTRY) Ohio.

10. NAME OF FATHER J. J. R. McKay.

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

12. MAIDEN NAME OF MOTHER Melissa Black.

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

14. INFORMANT Oliver McKay
(Address) 5133 Westminster Pl

15. FILED FEB 19 1929 Max C. Starkiff REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-16 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Feb 16, 1929 that I last saw him alive on Feb 16, 1929, and that death occurred, on the date stated above, at L. A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C
107
Chr. Myocarditis
(duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension
(duration) yrs. 7 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 901B
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) George Manning, M. D.
, 19 (Address) 5655 Belmont

*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 Bellefontaine
DATE OF BURIAL 2/18 1929

20. UNDERTAKER Wagoner and Co
ADDRESS 362/olive St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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