

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

Do not use this space.

34178

1. PLACE OF DEATH

County Jefferson
Township Watts
City Wesata Mo (No.)

Registration District No. 420
Primary Registration District No. 3022

File No.
Registered No. 94
St. Ward)

2. FULL NAME

Mamie A. McKee

(a) Residence. No. 432 N Second St., - Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 11 mos. 12 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

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

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

Oct 9 - 1892

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

56

11

22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer -

9. BIRTHPLACE (CITY OR TOWN)

Hillston Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Edward Bengers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Jefferson Co

12. MAIDEN NAME OF MOTHER

Ellen Kerkooki

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Jefferson Co.

14.

INFORMANT L. S. McKee

(Address) Wesata Mo

15.

FILED 104 1927 Bill Ruggley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1 11^{PM} 1929

17.

I HEREBY CERTIFY, That I attended deceased from July 22, 1929, to Oct 1, 1929 that I last saw h. e. n. alive on Sept 30, 1929, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

9317 Tuberculosis of Lung
(duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

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) David Ford, M. D.

Oct 1, 1929 (Address) Wesata Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURES OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

City Cemetery

Oct 3 1929

20. UNDERTAKER

ADDRESS

Richardson-Methodical Wesata 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.

2008

