

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

Do not use this space.

2060

File No. 111

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

City Leicester

Township Neosho

City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 609

Primary Registration District No. 5808

**2. FULL NAME** Hamilton McKee

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(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**

**3. SEX**

Male

**4. COLOR OR RACE**

White

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

Married

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

Martha McKee

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Nov 9 1853

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

76

2

12

**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)**

(STATE OR COUNTRY)

Kentucky

**10. NAME OF FATHER**

A C McKee

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Kentucky

**12. MAIDEN NAME OF MOTHER**

Ellen Hirst

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Kentucky

**14. INFORMANT**

(Address)

Anthony McKee  
Neosho Mo

**15. FILED**

1/24 1930

C. E. Mauss  
REGISTRAR  
L.M.

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 1 - 21 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Aug

2, 1929, to Jan 16, 1930

and that death occurred, on the date stated above, at 7:05 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Leukemia

131

132 B

(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

Chronic Interstitial

Nephritis

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**19. DID AN OPERATION PRECEDE DEATH?**

DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) C. E. Mauss

M. D.

1/21 1930 (Address) Neosho 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

Oakwood Cemetery

1 - 22 1930

**20. UNDERTAKER**

ADDRESS

Bughair's Neosho

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.

73  
FEB

