

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington,
City Industrial City, (No. 86)

Registration District No. 86
Primary Registration District No. 5127
City Industrial City, (No. 86)

File No. 4195
Registered No. 111 St. 111 Ward

2. FULL NAME Thursa Ellen McKee,

(a) Residence. No. Industrial City, St., Industrial City, Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Henry McKee,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 18, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Maryville,
(STATE OR COUNTRY) Missouri,

10. NAME OF FATHER Adolph Prickett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Maryville,
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Lyda Prickett,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Maryville,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Henry McKee
(Address) Industrial City, Missouri

15. FILES 2-5, 1920 J. B. Bauman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1930 to Feb 4, 1930 that I last saw h. ET alive on Feb 4, 1930 and that death occurred, on the date stated above, at 9:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia
(Bronchopneumonia)

9.5 B (duration) 0 yrs. 6 mos. 0 ds.

CONTRIBUTORY Coronary Hypertrophy (SECONDARY) (duration) 3 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED? 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) R. Bauman, M. D.

115 .1930 (Address) Westpatrol Bldg Fr. Jno. 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 Ashland Cemetery DATE OF BURIAL Feb. 6th 1930

20. UNDERTAKER Heaton-Biggle & Bauman ADDRESS Funeral Home 319 S. 10 St.

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.

MAH 25 1930

