

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

Do not use this space.

15376

1. PLACE OF DEATH

County..... Buchanan Registration District No. 85
Township..... Primary Registration District No. 10C
City..... St. Joseph, (No. Noyes Baptist Hospital) St. Ward)

File No.
Registered No. 599
St. Ward)

2. FULL NAME

Osee Mathias McVey

(a) Residence. No. St. Joseph, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
-----------------------	----------------------------------	--

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Myrtle McVey
1878

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 17, 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>52</u>	<u>50</u>	<u>3</u>	<u>28</u>

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Retired 4 yrs.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Patrolman St. Joseph Police Dept.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Buchanan Co, Mo.

PARENTS	10. NAME OF FATHER <u>Marion McVey</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co, Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Jennie Harness</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co, Mo.</u>

14. INFORMANT..... Mrs. Myrtle McVey
Address) 102 So. 12th. St.

15. FILED 17 1930 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May, 15, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Viewed on 19..... to 19..... that I last saw him alive on 19..... and that death occurred, on the date stated above, at 6.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured Skull in Auto Accident
(no Collision) in Holt County Mo.
210 M

(duration) yrs. mos. 2 ds.
bone

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

18. WHERE WAS DISEASE CONTRAINDICATED
IF NOT AT PLACE OF DEATH..... no

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

0 WAS THERE AN AUTOPSY?..... no

WHAT TEST CONFIRMED DIAGNOSIS? XRay & History
(Signed) B.W. Tallock Coroner, M. D.
5/16 1930 (Address) St Joseph 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 <u>Register Cemetery</u>	DATE OF BURIAL <u>May, 17, 1930</u>
--	--

20. UNDERTAKER <u>Walter Meinhoffe</u>	ADDRESS <u>1302 Faraon St.</u>
---	-----------------------------------

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUN 24 1930

1

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. 15376
 Township _____ Primary Registration District No. 1001 Registered No. 597
 City St. Joseph (No. _____) St. _____ Ward _____

2. FULL NAME

Osee Mathias McGay
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M
(write the word)

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

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

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

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (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) _____

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT _____
 (Address) _____

15. FILED 9-15-30 John H. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1930

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Fractured skull in auto accident (w. collision)
by Street Co. Deceased's car turned over. He was driving

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

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) 1888 _____, M. D.
 _____, 19____ (Address) _____

*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 _____

20. UNDERTAKER _____ ADDRESS _____

N. B.—Every item of information should be carefully supplied. AGE should be SPECIALLY noted if UNUSUAL. CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT OCCUPATION of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-153719

2
4