SEP 22 1930

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

Do not use this space.

25879

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No.
Township — Primary Registration District No. 3006 — Registered No. 179
City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Frank Collins McKee
(a) Residence. No. #7 Price ave St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): widower ~~married~~

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15-1887

7. AGE: YEARS 43 — MONTHS 1 — DAYS 15 — If LESS than day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Insurance-Solicitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Howard Co
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Thos. B. McKee
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Susan Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Wm C. Lawhorn
(Address) Columbia, Mo.

15. FILED Aug 30 1930 Beatrice Grubbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from 5/31, 1930, to 8-30, 1930 that I last saw him alive on 8-29, 1930, and that death occurred, on the date stated above, at 8:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myelogenous Leukemia, Chronic
72A
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 65A
(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? no
WHAT TEST CONFIRMED DIAGNOSIS? Blood smear & Count.
(Signed) W. O. Fisher, M. D.
8/30, 1930 (Address) Columbia, 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: Big Springs Church Cemetery — DATE OF BURIAL: 8/31 1930

20. UNDERTAKER: W. H. Vandeventer — ADDRESS: Columbia Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.