

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

Do not use this space.

31852

1. PLACE OF DEATH

County Madison
Township Winona
City..... (No.....).....

Registration District No. 873
Primary Registration District No. 6074

File No.....
Registered No.....
St..... Ward.....

2. FULL NAME

Margaret McGhee

(a) Residence. No..... St..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Geo C McGhee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20 1858

7. AGE 72 YEARS 7 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) Wayne Co Mo (STATE OR COUNTRY)

10. NAME OF FATHER Jos P Bungard

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

12. MAIDEN NAME OF MOTHER Mary Wutzony

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

14. INFORMANT Hans C McGhee (Address) Nicholas Mo

15. FILED 9/20 1930 Malcol Baellie REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-20-1930

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

THE CAUSE OF DEATH* WAS AS FOLLOWS: 700 A
Natural causes

CONTRIBUTORY (SECONDARY) 5050 (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) Dr Houston Corcoran

9-20, 1930 (Address) Emineua, 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 Piedmont Mo DATE OF BURIAL 9-21 1930

20. UNDERTAKER None ADDRESS.....

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.

WRITE PLAINLY, WITH ONE WORD IN EACH SPACE.

NOV 3 1930

