

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

Do not use this space.

41701

1. PLACE OF DEATH

County Scotland
Township Jefferson
City (No.)

Registration District No. 810
Primary Registration District No. 6055

File No.
Registered No. 80St. Ward)

2. FULL NAME

John Wesley ~~Wright~~ McGee
(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 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1930

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

17. HEREBY CERTIFY, That I attended deceased from Dec 20, 1930, to Dec 26, 1930 that I last saw him alive on Dec 25, 1930, and that death occurred, on the date stated above, at 9 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 15, 1856

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 4 11

Lobar Pneumonia
119
108
..... (duration) yrs. mos. 17 ds.

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

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 12 ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland County

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.

10. NAME OF FATHER James McGee

9. DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY?

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

WHAT TEST CONFIRMED DIAGNOSIS? St. M. Keethler, M. D.

12. MAIDEN NAME OF MOTHER Koward

12/27/1930 (Address) Memphis Mo

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

*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.

14. INFORMANT C. W. McGee (Address) Memphis Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richland cemetery DATE OF BURIAL 12/28/1930

15. FILER 12/29/30 C. E. Carson REGISTRAR

20. UNDERTAKER W. W. Wagners Sons ADDRESS Memphis

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.

22-1930

