

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

Do not use this space.

**1. PLACE OF DEATH**

County Pike  
Township Osage  
City Bowling Green (No. ....)

Registration District No. 685  
Primary Registration District No. 4428

File No. 22400  
Registered No. 26  
St. .... Ward)

**2. FULL NAME**

(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 20 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Boundrant Magee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4-1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>86</u>	<u>9</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Merchant

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Louisiana, Mo.

13. NAME John Magee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

15. MAIDEN NAME Danielle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) Ropic Braxton

18. BURIAL, CREMATION, OR REMOVAL PLACE Coryville DATE June 12 1931

19. UNDERTAKER (ADDRESS) H. B. E. Hughes

20. FILED 710 31 W. Summit

Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th 1931

I HEREBY CERTIFY That I attended deceased from June 1st, 1931, to June 10, 1931. I last saw him alive on June 10, 1931. Death is said to have occurred on the date stated above, at 8:20 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis  
131  
92A / 31  
Other contributory causes of importance: Urinal insufficiency

Name of operation None Date of operation .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? .....

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James P. Bragg, M. D.

(Address) Bowling Green, Miss.

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.

JUL 28 1931

