

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

Do not use this space.

**1. PLACE OF DEATH**

County Platte  
Township Green  
City Draborn

Registration District No. 692  
Primary Registration District No. 4414

File No. 29105  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. Dearborn 770 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. \_\_\_\_ da. How long in U.S., if of foreign birth? yrs. mos. \_\_\_\_ da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31st 1921

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
60    10    30

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Musician  
(b) General nature of industry, business, or establishment in which employed (or employer) Teaching music  
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Louisville  
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Thos. P. McGee Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wt. Washington  
(STATE OR COUNTRY) Dist. Columbia

12. MAIDEN NAME OF MOTHER Elizabeth White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clay County  
(STATE OR COUNTRY) Mo.

PARENTS

14. INFORMANT Mrs. Anna Norton  
(Address) Platte City Mo.

15. FILED Aug 31 1931 McNitt REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31st 1931

17. I HEREBY CERTIFY, That I attended deceased from July 9th 1931 to Aug 31st 1931, and that I last saw him alive on Aug 30th 1931, and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Cancer of the Liver  
H.E.

CONTRIBUTORY (SECONDARY) none  
(duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED Kansas City Mo.  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

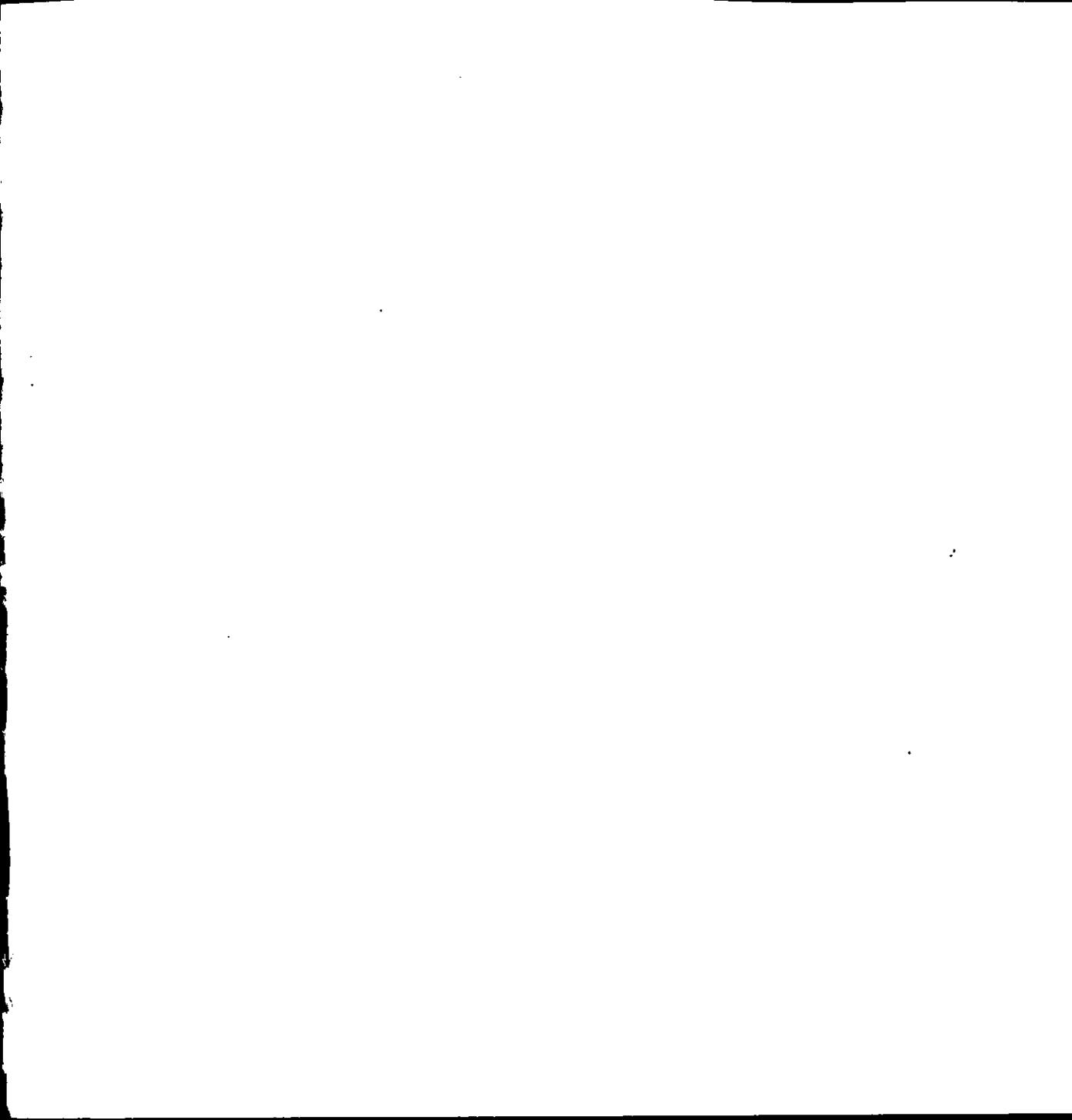
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Physical Exam.  
(Signed) H. R. Dunham, M. D.  
, 19 (Address) Dearborn 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 Platte City Mo. DATE OF BURIAL Aug 2nd 1931

20. UNDERTAKER Lucian Davis Dearborn Mo.  
ADDRESS \_\_\_\_\_





S-29105