

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.

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

30617

1. PLACE OF DEATH

County DuchmanRegistration District No. 35Township St. Joseph Mo.Primary Registration District No. 1001City St. Joseph Mo.(No. State Hosp. # 2)

File No. _____

Registered No. 982

St. _____

Ward _____

2. FULL NAME

(a) Residence. Name William McKee

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 3 mos. 2 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFLina E. McKee

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

Nov. 29, 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

75925

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Joseph Mo.Illinois

10. NAME OF FATHER

Thomas McKee

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

UnknownPennsylvania

12. MAIDEN NAME OF MOTHER

Jane Stewart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

UnknownPennsylvania

14.

INFORMANT

(Address)

Mrs. Jennie E. JohnsonSt. Joseph, Mo. 64501

15.

FILED

9-25-31John R. Bendure

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 24 1931

17.

I HEREBY CERTIFY, That I attended deceased from July 1st, 1931, to Sept 24, 1931, that I last saw him alive on Sept 24, 1931, and that death occurred, on the date stated above, at 1:05 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C162 Ort (duration) 2 yrs. 24 mos. 24 da.

CONTRIBUTORY (SECONDARY)

Senile Psychosis
over (duration) 13 yrs. 0 mos. 24 da.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

No

DATE OF

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Califton Smith, M. D.Sept 24, 1931 (Address) State Hospital #2
St. Joseph Mo.

*State the DISEASE CAUSING DEATH, of 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

DATE OF BURIAL

St. Joseph, Mo.Sept. 26, 1931

20. UNDERTAKER

ADDRESS

Heaton Briggs & Bowman319 S. 10th.Funeral Home

OCT 22 1931

