

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

Do not use this space.

1. PLACE OF DEATH
 County Lauder Registration District No. 330
 Township _____ Primary Registration District No. 3017
 City Jrenton No. Wright Hospital St. _____ Ward _____

2. FULL NAME Mary Ethel Mc Gee
 (a) Residence, No. 115 E. 11th St. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 31073

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** wife of Geo. H. Mc Gee

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Geo. H. Mc Gee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 - 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>48</u>	<u>11</u>	<u>9</u>	

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

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

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) Brunson Co Missouri

FATHER

13. NAME M. E. McAdams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

MOTHER

15. MAIDEN NAME Jane Elizabeth Corbin

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

17. INFORMANT (ADDRESS) M. E. McAdams, Mountain View, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Truett Ave, Jrenton DATE Oct 1, 1931

19. UNDERTAKER (ADDRESS) Bess C. Davis, Jrenton, Missouri

20. FILED 3 Oct 1931 E. A. Duffy
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1931

I HEREBY CERTIFY, That I attended deceased from Aug 22, 1931, to Sept 28, 1931

I last saw her alive on Sept 28, 1931. Death is said to have occurred on the date stated above, at 7:30 am.

The principal cause of death and related causes of importance were as follows:
Violent Choking with sloughing of tongue tissue & had fatal secondary rupture of bladder with edema of bladder.

Other contributory causes of importance:
115 A
105 A

22. Name of operation _____ **Date of** _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 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) J. S. Moon, M. D.
 (Address) Jrenton, Mo.

Date of post
8/6/31
9/24/31

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.

OCT 22 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

