

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

*J. R. P. Union*  
Do not use this space.  
9488  
File No. ....  
Registered No. 49 ..... Ward)

1. PLACE OF DEATH  
78 County DeWitt Registration District No. 651  
22 Township Fifth Prairie Primary Registration District No. 4388  
4 City Caruthersville No. .... St. .... Ward)  
2. FULL NAME Jim Mc Gee  
(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 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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hela H. Mc Gee  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-22-1891  
7. AGE YEARS 41 MONTHS 2 DAYS 3 If LESS than 1 day, ..... hrs. or ..... min.  
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year) March 1932 11. Total time (years) spent in this occupation 21  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dyer Co. Tenn. 2  
MOTHER FATHER 13. NAME Will Mc Gee  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31  
15. MAIDEN NAME Birdie Brazfield  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
17. INFORMANT Miss Jim Mc Gee  
(ADDRESS) Caruthersville Mo  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Maple Cemetery DATE 3-26-32  
19. UNDERTAKER (ADDRESS) Caruthersville Mo  
20. FILED April 7 1932 Oda Martin  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25, 1932  
22. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1932 to Mar. 25, 1932  
I last saw him alive on Mar. 25, 1932 Death is said to have occurred on the date stated above, at 7 Pm.  
The principal cause of death and related causes of importance were as follows:  
Influenza  
11A  
108  
Other contributory causes of importance:  
Lobar Pneumonia 3-17-32  
8. Name of operation HA Date of .....  
What test confirmed diagnosis? HA Was there an autopsy? 1  
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. R. P. Union, M. D.  
(Address) Caruthersville, Mo.

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.

APR 28 1932

RESERVED FOR BINDING

V. S. NO. 2.

