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.

AUG 24 1932

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

Do not use this space.

22589

1. PLACE OF DEATH

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County Hampton — Registration District No. 340 — File No.

Township White Oak — Primary Registration District No. 5474 — Registered No.

City New Hampton (No. , St. Ward)

2. FULL NAME John Henry MagEE

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Mrs J H Magee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1852 Nov 25

7. AGE: YEARS 79 — MONTHS 8 — DAYS 21 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): MO 1

FATHER

13. NAME: Riley MagEE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

MOTHER

15. MAIDEN NAME: Dont Kno
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Kno 31

17. INFORMANT (ADDRESS): C T MagEE, Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Midwelfy — DATE: July 17, 1932

19. UNDERTAKER (ADDRESS): W G Noble, New Hampton Mo

20. FILED: Aug 10, 1932 — J L Wilson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1932, to July 16, 1932

I last saw him alive on July 16, 1932. Death is said to have occurred on the date stated above, at 6 P m.

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

Influenza — Date of onset: July 9

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Other contributory causes of importance: Chronic Interstitial nephritis with uremia.

Name of operation — Date of

What test confirmed diagnosis? (3) — 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?

If so, specify

(Signed) Dr. R. L. Grun D.O. ~~M. D.~~

(Address) New Hampton Mo.