

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

Do not use this space.

31253

1. PLACE OF DEATH

108 County Vernon
2 Township
7 City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 2039

File No. _____
Registered No. 203 St. _____ Ward)

2. FULL NAME

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 9 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 820
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) Indianapolis Indiana

13. NAME Robert McGee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Anne Lou Brangie

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

17. INFORMANT (ADDRESS) Mrs. Ray Mabry Nevada

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Burial DATE Sep 23 1932

19. UNDERTAKER (ADDRESS) Allen J. Hayes Nevada

20. FILED 9-28 19 32 E. M. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-23-1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at Mont Know. The principal cause of death and related causes of importance were as follows:

Found dead in bed. No doctor on case. Paralysis. (2 ft) Paralyzed for four years. No violence.
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) M. E. Ferry Coroner, M. D.
(Address) Nevada 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.

SEPT 30 1932

