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

Do not use this space.
32098

1. PLACE OF DEATH
45 County Howard. Registration District No. 378 File No. 69
Township Moniteau. Primary Registration District No. 5-531 Registered No. 69
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John W. McKee.
(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.

NOV 2 3 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/22/1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	5	22	

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) Missouri.

PARENTS
10. NAME OF FATHER Samuel McKee.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky.
12. MAIDEN NAME OF MOTHER Susan Turney.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky.

14. INFORMANT Mrs Fanny McKee.
(Address) Rocheport. Mo.

15. FILED 10/15 1932 W. O. Burham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/14/32 19

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932, to Oct. 14, 1932, that I last saw him alive on Oct. 12, 1932, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of prostate
5 M 1512
6 M 1566
..... (duration) ..... yrs. 6 mos. ..... ds.
CONTRIBUTORY (SECONDARY) Retention
..... (duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys. findings
(Signed) W. J. Theatr, M. D.
, 19 (Address) Fayette, Mo.

*State the DISEASE CAUSING DEATH, or 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
Big Spring church	10/16/32 19

20. UNDERTAKER	ADDRESS
Guy T. Malley. Fayet e	Mo.