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.

NOV 2 3 1932

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

Do not use this space.

32129

File No.

Registered No.

1. PLACE OF DEATH

48

County Jackson — Registration District No. 395

Township Sni A Bar — Primary Registration District No. 5557A

City Blue Springs (No. Mo RFD St. Ward)

2. FULL NAME Nannie Gay McBee

(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: F Male

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: A B McBee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-13-1910

7. AGE: YEARS 22 — MONTHS 8 — DAYS 18 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235

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

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): Ky

FATHER

13. NAME: John Gilreath

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): A. B. McBee, Grain Valley

18. BURIAL, CREMATION, OR REMOVAL
PLACE Knoxville DATE Oct 5 1932

19. UNDERTAKER (ADDRESS): G Burbb, Blue Springs

20. FILED 11/9 1932 F W Tuttle Jno
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 1, 1932

I last saw her alive on Oct 1, 1932. Death is said to have occurred on the date stated above, at 1-30 P m.

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

	Date of onset
Puerperal Convulsions	
146	
146	

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm B. Johnston, M. D.

(Address) Grain Valley Mo

1932	10	1
1910	1	13
22	8	18