

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

Do not use this space.

35214

1. PLACE OF BIRTH

County Crawford
Township Union
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 231
Primary Registration District No. 5315

File No. _____
Registered No. _____

2. FULL NAME Dick 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 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 Vonnie McKee
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 - 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 2 15

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/5 - 1932
17. I HEREBY CERTIFY, That I attended deceased from Nov 4 1932 3 1/2 mos. 5 ds. and that I last saw him alive on Nov 4 1932 and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 A
8 1/2 (duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) 8 1/2 (duration) yrs. mos. 1 ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Minister
(b) General nature of industry, business, or establishment in which employed (or employer) and Farmer 197
(c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED ①
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) R. B. Pessier M. D.
, 19 32 (Address) Stellville Mo

9. BIRTHPLACE (CITY OR TOWN) Victoria 1
(STATE OR COUNTRY) Mo
10. NAME OF FATHER Green McKee
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Victoria
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER _____
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ 21
(STATE OR COUNTRY)

14. INFORMANT Vonnie McKee
(Address) Stellville 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 Lorimer County DATE OF BURIAL Nov 7 1932
20. UNDERTAKER L J Jones Stellville Mo ADDRESS _____

15. FILED 11-20-32 C. B. Gibbs REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. FIRST NAMES should state JAN 28 1932

