

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

Do not use this space.

40161

1. PLACE OF DEATH Jackson  
 48 County Brookings Registration District No. 403  
 Township Brookings Primary Registration District No. 5557  
 City Raytown No. 87th & Blue Ridge  
Hickman Mills Mo. R. # 2 # 2 St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 2. FULL NAME Caroline Mc Kay  
 (a) Residence, No. 87th & Blue Ridge Hickman Mills Mo. R. # 2 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Han. Lee Kay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 - 1837

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
95 6 ?

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. at home  
 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) Pa. 28

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) II 31

MOTHER 15. MAIDEN NAME II

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

17. INFORMANT Mrs. William White  
 (ADDRESS) 1202 East 11th R. # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Palestine DATE 12/23/32

19. UNDERTAKER R. V. Lindsey & Sons  
 (ADDRESS) Kansas City, Mo.

20. FILED 12-22-1932 Dr. W. H. Hall, M.D.  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1932 '19

I HEREBY CERTIFY, That I attended deceased from Dec 18 - 1932 to Dec 22 - 1932  
 I last saw her alive on Dec 20 - 1932 Death is said to have occurred on the date stated above, at 9:10 a.m.

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

acute Bronchitis  
Pneumonia  
Chronic Hypertension  
no specific date  
 Date of onset 12-18-32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Physical exam 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) W. H. Hall M. D.  
 (Address) Raytown

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.

JAN 24 1933

THIS IS A PERMANENT RECORD

