

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

Do not use this space.

1. PLACE OF DEATH

52 County Knox
2 Township Center
2 City Edina (No.)

Registration District No. 441
Primary Registration District No. 4259

File No. 2054
Registered No. 4
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)
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.
(If nonresident, give city or town and State)

Genard O. McCay

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 14 - 1932</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		<u>2</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Edina Mo</u>		
FATHER	13. NAME <u>Orville McCay</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knox Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Maggie Lambacher</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knox Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Opella McCay Edina Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Linville Cem</u> DATE <u>Jan 17, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Krughauser Bros Edina Mo</u>		
20. FILED <u>Jan 17, 1933</u> <u>Thos. C. M. Smith</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1933, to Jan 16, 1933
last saw him alive on Jan 16, 1933. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:
Premature birth - 8 mo.
Whooping Cough
Date of onset 1-8-33

Other contributory causes of importance:
Whooping Cough

Name of operation Date of
What test confirmed diagnosis? Clin 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 W. Landfather M. D.
(Signed) W. Landfather
(Address) Edina, 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.

