

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

Do not use this space.

6675

1. PLACE OF DEATH

74 County Walla-Wallaway Registration District No. 625
 9 Township Pack Primary Registration District No. 3031
 7 City Marysville (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 18

2. FULL NAME

Wallace Clay Mc Kee
 (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)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 10 28

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Labourer 167

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) Pickering Mo

13. NAME Wm Reed Mc Kee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary Mc Kee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rushville Mo

17. INFORMANT (ADDRESS) Mrs. J. B. Lock Jr

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak Cemetery DATE 3-17 1933

19. UNDERTAKER (ADDRESS) Pickering Mo Campbell Funeral Home Marysville Mo

20. FILED 2-16 1933 Mamie E. Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:15 p.m.

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

Gun shot wound of rt side of head above & behind ear - point blank from 410 cal. shot gun. Coroner jury verdict - "Other contributory causes of importance: Gun shot wound from his own hand."

Name of operation _____ Date of _____
 What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 2-15, 1933

Where did injury occur? Marysville Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public road

Manner of injury Gun shot wound
 Nature of injury Shot into brain - fr. of skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Jessie Rowlett M.D.

Coroner. Wallaway Co. Marysville Mo. (Address)

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.

RECORD

