

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

Do not use this space.

23644

1. PLACE OF DEATH

57 County Lincoln
Township Harrison
City Lincoln

Registration District No. 486
Primary Registration District No. 3649

File No. _____
Registered No. 27
St. _____ Ward) _____

2. FULL NAME

Wm. H. McGee

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 17-1856</u>		
7. AGE <u>77</u>	YEARS <u>6</u>	MONTHS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico 1110</u>
10. Date deceased last worked at this occupation (month and year) _____		13. NAME <u>Harvey McGee</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KY</u>		15. MAIDEN NAME <u>Mary Middleton</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KY</u>		17. INFORMANT (ADDRESS) <u>J. H. McGee</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elstons Cem</u> , DATE <u>July 23, 1933</u>		19. UNDERTAKER (ADDRESS) <u>W. H. G. Kelley</u>
20. FILED <u>8-10</u> , 19 <u>33</u>		Registrar. <u>C. E. Power</u>

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 6th, 1933, to July 11th, 1933
I last saw him alive on July 11th, 1933 Death is said to have occurred on the date stated above, at 11 A.M.
The principal cause of death and related causes of importance were as follows:
Uremia, Ten days duration July 11
Prostatitis '31.
137 Two Yrs. duration
137B
Name of operation None 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) C. E. Power, M. D.
(Address) Elstons Cem

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.

AUG 26 1933

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