

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

Do not use this space.

39909

**1. PLACE OF DEATH**

47 County Iron Registration District No. 391  
 Township Armadillo Primary Registration District No. 5546a  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Thomas McGee  
 (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 <u>Man</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 <u>LC</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 20 - 1910</u>		
7. AGE YEARS <u>23</u>	MONTHS <u>10</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as pianer, sawyer, bookkeeper, etc. <u>Truck Driver</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Coal Hauling</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov - 1933</u>		11. Total time (years) spent in this occupation <u>3 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bell City Ky</u>		
13. NAME <u>Moody McGee</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hickman Ky</u>		
15. MAIDEN NAME <u>Stella Richardson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hickman Ky</u>		
17. INFORMANT (ADDRESS) <u>Moody McGee Fulton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elkh Rush</u> DATE <u>Dec 22 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Norman White Fulton Mo</u>		
20. FILED <u>Jan 10 1934</u> <u>R. A. Rasche</u> Registrar.		

**1 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1933 to Dec 21 1933  
 I last saw him alive on Dec 20 1933 Death is said to have occurred on the date stated above, at 7 a m.  
 The principal cause of death and related causes of importance were as follows:  
Concussion of Brain  
L I O M  
2 10  
 Other contributory causes of importance:  
Automobile Accident

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury Dec 18 1933  
 Where did injury occur? London Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
On Truck struck  
 Manner of injury Automobile Accident  
 Nature of injury Concussion of Brain

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) C. L. Bamhouser, M. D.  
 (Address) Fulton 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.

JAN 26 1934

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