

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

Do not use this space.

9301

**1. PLACE OF DEATH**

County Jackson Registration District No. 403  
 Township Breaking Primary Registration District No. 5557  
 City Raytown (No. Raytown, Missouri St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** John W. McGhee

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

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Julia McGhee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 4 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
 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) Missouri

13. NAME David McGhee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Olive Evans  
 (ADDRESS) Raytown, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Marsh DATE March 16, 1934

19. UNDERTAKER Gates Funeral Home  
 (ADDRESS) Kansas City, Kansas

20. FILED March 16, 1934 W. W. Gibbs, M.D.  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1934, to 3-13, 1934  
 I last saw him alive on Mar 13, 1934 Death is said to have occurred on the date stated above, at 4 A. m.  
 The principal cause of death and related causes of importance were as follows:

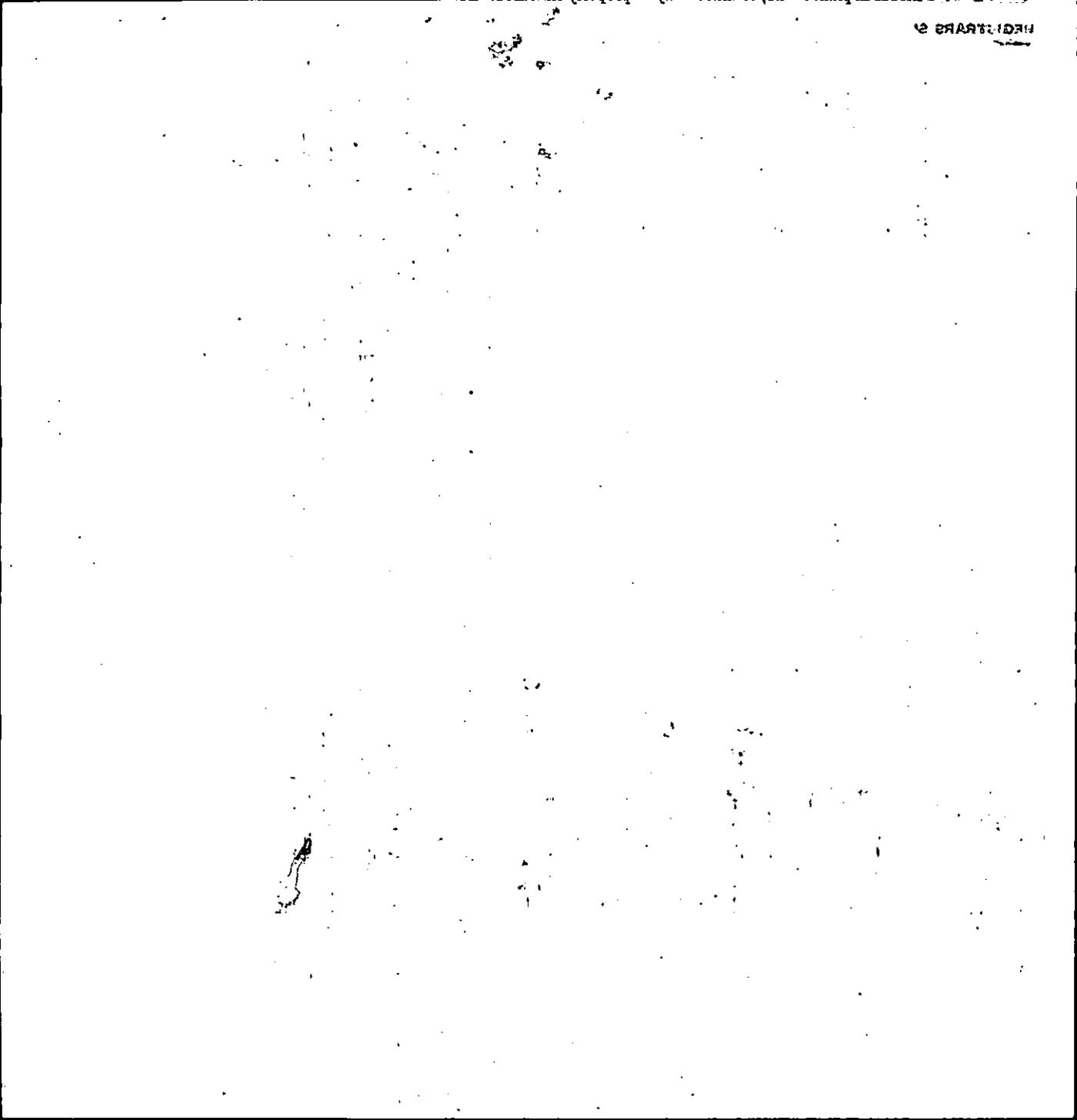
Acute Bronchitis Date of onset \_\_\_\_\_  
Pneumonia 3-10-34  
Fracture of back 10-3-33  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of 3-7-33  
 What test confirmed diagnosis? Subaral 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. W. Gibbs, M. D.  
 (Address) Raytown Mo



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES-UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jackson Registration District No. H 0 3 File No. \_\_\_\_\_  
 Township Brookings Primary Registration District No. 5-5-57 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1934, to March 13, 1934.  
 I last saw him alive on March 12, 1934. Death is said to have occurred on the date stated above, at 4 A. m.  
 The principal cause of death, and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS if LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Acute Broncho pneumonia Date of onset \_\_\_\_\_

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 \_\_\_\_\_

Carcanemia of back - new growth skin of no other growth

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS) Gates Funeral Home Kansas City, Mo.

20. FILED March 16, 1934 W. W. Globbe Registrar.

Other contributory causes of importance: \_\_\_\_\_  
 Name of operation Agar Date of \_\_\_\_\_  
 What test confirmed diagnosis? Agar 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.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. W. Globbe, M. D.  
 (Address) Raytown, Mo.

SUPPLEMENTARY

S-9301