MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. City Hospital #1 St. ..... Ward)

File No. 14639

Registered No. 3825

2. FULL NAME Creigh Magee

(a) Residence, No. Unknown St., X 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 14 - 1886

7. AGE: Years 48 Months 5 Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Not employed

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): Cairo Ill

FATHER

13. NAME: Benjamin Magee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Ida Durrant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

17. INFORMANT: Mrs Dan Smith
(ADDRESS) 5937 Minnesota

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mounds Ill DATE Apr - 17 - 1934

19. UNDERTAKER: Earth & Undertaker
(ADDRESS) 4234 Iowa

20. FILED APR 20 1934 J. H. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1934

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

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 40 m.

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

	Date of onset
Fracture of Skull received when struck by auto in St. Louis Mo. Deceased was a pedestrian	

Other contributory causes of importance:

Accidental

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/14, 1934

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

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

Manner of injury Struck by auto

Nature of injury Fracture of Skull

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

If so, specify .....

(Signed) [illegible] (M. D.)

(Address) Jefferson City Mo

4/16/34

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD