

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff, Mo. (No.)

Registration District No. 89
Primary Registration District No. 3007

File No. 15905
Registered No. 198
St. Ward)

2. FULL NAME Zeffie May McKee

(a) Residence, No. Bartlett St., Poplar Bluff, Mo.
(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 8 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Wayne County (STATE OR COUNTRY) Missouri

FATHER 13. NAME (unknown)-Bennett

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

MOTHER 15. MAIDEN NAME Hattie Trafford

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

17. INFORMANT Clifford McKee (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist Cemetery DATE 4/6/34
4 mi west Galena, Mo.

19. UNDERTAKER Greer Undertaking Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 5-5-1934 W. S. Bailey Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1934 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934, to May 5, 1934.
I last saw her alive on May 5, 1934. Death is said to have occurred on the date stated above, at 6 A.M.

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

Chronic Alcoholism Date of onset 69
Acute Hepnorrhagic Encephalitis
69
U. S. E.
9/10

Other contributory causes of importance:

Name of operation..... 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) W. S. Bailey, M. D.
(Address) Poplar Bluff, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 1934

1230

31

31

STATE

The following is a list of cases of death...
 occurring in the State of...
 during the year...
 The cases are classified according to...
 the cause of death...
 and the sex of the deceased...
 The total number of cases is...
 of which...
 were males and...
 were females...
 The following table shows the...
 number of cases in each...
 class...

**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 Butler Registration District No. 89
 Township Caplan Bluffs Primary Registration District No. 3007
 City Caplan Bluffs (No.) St. Ward
 2. FULL NAME Zeffie May McKee
 (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.

File No.
 Registered No. 98

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1934

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

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

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

I last saw h. alive on , 19 . Death is said to have occurred on the m. above, at m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 8 8

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

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

Chy. Embolism Date of onset

Cerebral Hemorrhage
 Other contributory causes of importance:
Myocarditis
Nephritis

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

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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. UNDERTAKER (ADDRESS)

20. FILED 19

W. S. Bailey
 Registrar

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) , M. D.
 (Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUTION: REGISTRARS SHOULD STATE OCCUPATION IS VERY IMPORTANT.
 DEATH in plain terms, so that it may be properly class. ed. Exact system: 11

5-15905