

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

Do not use this space.

16958

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 3442 Bellefontaine) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME** Isaac Claude McGee

(a) Residence, No. 3442 Bellefontaine 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 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 Mrs. Erma McGee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 5, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 5 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treas. K. C. S. Railway

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Company

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 B. L. McGee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So. Carolina

15. MAIDEN NAME Plissa Williams

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

17. INFORMANT Erma McGee  
(ADDRESS) 3442 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL PLACE not known DATE 3-7-25 19. 39

19. UNDERTAKER Street McCreary  
(ADDRESS)

20. FILED 5-26 19. 39 Erma McGee  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1933 to May 25, 1934

I last saw him alive on 5-25-34, 19. Death is said to have occurred on the date stated above, at A m. 10:35

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

Diabetes Mellitus.  
Chronic interstitial nephritis.  
Cardiovascular disease.

Other contributory causes of importance:

Uremia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed thought to be there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 Date of injury \_\_\_\_\_, 19. \_\_\_\_\_

Where did injury occur? 0 (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0  
Nature of injury 0

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

If so, specify \_\_\_\_\_

(Signed) W. J. ..., M. D.

(Address) 707 ...

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.

JUN 19 1934

