

NOV 15 1934

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

Do not use this space.

36483

1. PLACE OF DEATH

County Swain Co Registration District No. 444
Township Leeds Primary Registration District No. 5604
City Swain (No. _____) St. _____ Ward _____

File No. _____
Registered No. 15

2. FULL NAME

Robert Edward Close - Mc Kenzie

(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 22 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 American 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30 - 1906
7. AGE YEARS 29 MONTHS - DAYS - If LESS than 1 day, _____ hrs. or _____ min.

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. _____
10. Date deceased last worked at this occupation (month and year) worked 1932 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co. Ill.

13. NAME Robert Edward Close - Mc Kenzie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co. Ill.

15. MAIDEN NAME Mandy Myers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co. Ill.

17. AFFIRMANT Mrs. W. E. Mc Kenzie
(Address) Newark - Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hannam, Mo DATE Nov. 1 1934

19. UNDERTAKER Thos Ball
(ADDRESS) Swain Mo

20. FILED Oct 31 1934 J. R. Northcutt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30 1934
22. I HEREBY CERTIFY, That I attended deceased from June 3 1933 to Oct 30 1934
I last saw him alive on Oct 22 1934. Death is said to have occurred on the date stated above, at 7:20 p. m.
The principal cause of death and related causes of importance were as follows:

T. B. of Lung
23
Other contributory causes of importance: _____
Date of onset _____

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 _____
(Signature) Walter Mc Kenzie M. D.
(Address) Swain 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.

