

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

Do not use this space.

JAN 10 1935

1. PLACE OF DEATH

County Scott
Township
City Sikeston (No.)

Registration District No. 821
Primary Registration District No. 4553

File No. 15485

Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

Willie M. Gee

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Blk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. L. E. McGee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-12-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 4 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labo 210
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 103
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) Miss

13. NAME W. M. Gee

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

15. MAIDEN NAME Mary Roberts

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

17. INFORMANT (ADDRESS) Mary Robinson Charleston Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Summit Sikeston Mo DATE 12/2/34

19. UNDERTAKER (ADDRESS) Sikeston Mo

20. FILED 12/31/34 19 W. M. Gee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1934, to Dec 24, 1934. I last saw him alive on Dec 24, 1934. Death is said to have occurred on the date stated above, at 2:15 P. m.

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

automobile wreck
causing fracture mandible 2 hrs
fracture base skull 2 hrs
multiple lacerations 2 hrs
head + face
Other contributory causes of importance:
Thrombocytopenia 1 hr
Shock 200

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 24, 1934
Where did injury occur? Sikeston Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
on Public Highway

Manner of injury Car he was driving struck another
Nature of injury fractures of skull & head + neck

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

(Signed) Howard A. Demaree, M. D.
(Address) Sikeston, 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.

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