

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

Do not use this space.

5070

APR 17 1935

1. PLACE OF DEATH

County Greene Registration District No. 325
Township Walnut Grove Primary Registration District No. 5450
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

James David McKenzie
(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)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 4 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic
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) (STATE OR COUNTRY) Pa.

13. NAME George W McKenzie

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

15. MAIDEN NAME Martha Kelly

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

17. INFORMANT Mrs L. E. Johnson
(ADDRESS) Walnut Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Cem. DATE 2-3-1935

19. UNDERTAKER Prime Funeral Home
(ADDRESS) _____

20. FILED 2-3-1935 J. M. Clewley Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935 to Feb 2, 1935.
I last saw him alive on Feb 2, 1935. Death is said to have occurred on the date stated above, at 6:25 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

Other contributory causes of importance: arteriosclerosis

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) L. E. McBlure, M. D.
(Address) Walnut Grove, Mo.

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

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OFFICE OF THE ATTORNEY GENERAL

STATE OF CALIFORNIA

IN SENATE

January 10, 1957

REPORT

OF THE

COMMISSIONERS

OF THE

LAND COMMISSION

FOR THE YEAR

ENDING

DECEMBER 31, 1956

AND

RECOMMENDATIONS

FOR THE YEAR

ENDING

DECEMBER 31, 1957

AND

RECOMMENDATIONS

FOR THE YEAR

ENDING

DECEMBER 31, 1958

AND

RECOMMENDATIONS

FOR THE YEAR

ENDING

DECEMBER 31, 1959

AND

RECOMMENDATIONS

FOR THE YEAR

ENDING

DECEMBER 31, 1960

1957

1958

1959

1960

1961