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.

APR 1 1935

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

Do not use this space.

8654

File No.
Registered No.

1. PLACE OF DEATH
County Dunklin
Township Buffalo
City ~~Cardwell Mo R.F.D.~~ (No. , St. Ward)

Registration District No. 283
Primary Registration District No. 5402

2. FULL NAME George W McGee

(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.

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 Lillie McGee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1866

7. AGE YEARS 69 MONTHS 2 DAYS 8 If LESS than 1 day, hrs. or min.

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

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

FATHER
13. NAME Hoey McGee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

MOTHER
15. MAIDEN NAME Prue Barham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Lillie McGee
(ADDRESS) Cardwell Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bloomfield Mo DATE 3/6 1935

19. UNDERTAKER McDaniel Funeral Service
(ADDRESS) Sikeston Mo

20. FILED 4-10 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1935

22. I HEREBY CERTIFY, That I attended deceased from March 4 1935 to March 5 1935
I last saw him alive on Mar 4th 1935. Death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
G.P.I.	

Other contributory causes of importance:

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? 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? No
If so, specify

(Signed) D. A. Parker & D. T. Dempsey, M. D.
(Address) Cardwell Mo.