

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

Do not use this space.

MAY 27 1935

12611

1. PLACE OF DEATH

County Harrison
Township Hamilton
City _____ (No. _____)

Registration District No. 337
Primary Registration District No. 5473

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

Henry P. McKay

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Siddy McKay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
71 5 4

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. Stock & Marine

10. Date deceased last worked at this occupation (month and year) December 1934 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

13. NAME Mary Hapenny James

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

15. MAIDEN NAME Mary Hapenny

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT (ADDRESS) Mrs Siddy McKay

18. BURIAL INFORMATION OR REMOVAL PLACE St. Charles Cemetery 4/6 30

19. UNDERTAKER (ADDRESS) Rapaport

20. FILED 4/5 1935 Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1934, to April 4, 1935

I last saw him alive on April 2, 1935. Death is said

to have occurred on the date stated above, at 6:00 am.

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

Injury to head caused by falling accidentally from a high place

Date of onset 2/27 1934

Other contributory causes of importance:

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 Dec 27, 1934

Where did injury occur? at his home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall - accidently

Nature of injury injury to head

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) B. D. Deery, M. D.

(Address) 734 The Dal...

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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