

JUN 1 8 1935

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

Do not use this space.

15442

1. PLACE OF DEATH

County Osage Registration District No. 2 File No. _____
Township North Primary Registration District No. 5002 Registered No. _____
City Councilville (No. _____) St. _____ Ward _____

2. FULL NAME

William Lawson Mc Kenzie
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1 - 1856</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>6</u>
	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	
	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) <u>Ky -</u>		
FATHER	13. NAME <u>Daniel Mc Kenzie</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky -</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>Luther Mc Kenzie</u> <u>Councilville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greengrove</u>	DATE <u>May 15 1935</u>	
19. UNDERTAKER (ADDRESS) <u>Llewellyn & Sons</u> <u>Waverly Mo.</u>		
20. FILED <u>5715</u>	19. <u>35</u>	<u>JS Gashrock</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1935 to May 13, 1935
I last saw him alive on May 1, 1935 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Date of onset: 10 years ago

Other contributory causes of importance:
None

Name of operation None 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? None 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 None
(Signed) W. J. Garrison, M. D.
(Address) Waverly 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

