

AUG 12 1935

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

Do not use this space.

22045

## 1. PLACE OF DEATH

County Audrain Registration District No. 26  
Township \_\_\_\_\_ Primary Registration District No. 3002  
City Mexico, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 1122. FULL NAME Mary Ellen McKamey

(a) Residence, No. 337 Trinity 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 <u>Female</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 12- 1965</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>0</u>
		<u>24</u>
	IF LESS than 1 day, _____ hrs. or _____ min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year) <u>6/29/35</u>	11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Mo

13. NAME Daniel Dawson

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

15. MAIDEN NAME unknown

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

17. INFORMANT Lawrence Mc Kamey  
(ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mexico, Mo DATE 7/8/ 35

19. UNDERTAKER H. Reynolds Jr  
(ADDRESS) Mexico Mo

20. FILED July 8, 1935 B. Lauche Kelly  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-1-, 1935, to 7-6-, 1935

I last saw her alive on 7-6-, 1935. Death is said

to have occurred on the date stated above, at 12:30A m.

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

Chronic Myocarditis  
Cystic Pteris  
asthma

Other contributory causes of importance:  
asthma

Date of onset

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? no

If so, specify \_\_\_\_\_

(Signed) H. J. Ector, M. D.

(Address) Mexico 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 CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

