

AUG 14 1935

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

Do not use this space.

22623

## 1. PLACE OF DEATH

County

Bluefield

Registration District No.

288

Township

Independence

Primary Registration District No.

4172

City

(No.)

St.

Ward)

## 2. FULL NAME

John Mc Gehee

(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 OR (OR) WIFE OF

Josephine Kelly Mc Gehee

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

Nov-11-1873-

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

61.

8

2

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.

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)

Kennett Mo

FATHER

13. NAME

John Mc Gehee

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Lee Mc Gehee  
Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oak Ridge

DATE

July 15 1935

19. UNDERTAKERS (ADDRESS)

Ballwin Funeral Home  
Kennett, Mo

20. FILED

July 20, 1935

Thurley Davis  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

July 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Unattended by doctor

I last saw him..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 5:50 p.m.

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

Date of onset

Taking over dose of  
sulfanilic acid with  
suicidal intent  
Heart of Coronary

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..... July 13 1935

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.....)

J. R. Taylor, M. D.

(Address.....)

Kennett 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.

THIS IS A PERMANENT RECORD

