

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 9 1935

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

Do not use this space.

24511

1. PLACE OF DEATH

County.....

Registration District No. **1003**

Township.....

Primary Registration District No. ....

City *St. Louis* (No. *17 3552*)

City *St. Louis*

File No. **5893**

Registered No. ....

St. .... Ward)

2. FULL NAME

**Niles McGee**

(a) Residence, No. *1570* *6th* St. Ward. (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *12* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 8, 1935*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Kate McGee*

22. I HEREBY CERTIFY, That I attended deceased from *6:15*, 1935, to *July 13*.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 25-1862*

I last saw him alive on *July 8, 1935*. Death is said to have occurred on the date stated above, at *6:15* p.m.

7. AGE YEARS *73* MONTHS *0* DAYS *13* IF LESS than 1 day, ..... hrs. or ..... min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*  
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

Paul. Tuberculosis  
Cardiac Failure  
Chronic Myocarditis  
Other contributory causes of importance: *23*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

13. NAME *Jonathan M. McGee*

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

15. MAIDEN NAME *Katherine Goodrich*

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

17. INFORMANT (ADDRESS) *Wm. J. M. Kemp*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis* DATE *July 11, 1935*

19. UNDERTAKER (ADDRESS) *Goodright + Goodright*

20. FILED *9* 1935. 19. *J. H. Bredeck* Registrar.

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?  
If so, specify .....

(Signed) *W. J. M. Kemp* M. D.

(Address) *City St. Louis*

