

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.

OCT 23 1935

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

Do not use this space.

791  
1003

30927

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. 3904 West Belle St. .... Ward) .....

File No. ....  
Registered No. 7717  
St. .... Ward) .....

2. FULL NAME

George W. Magee  
(a) Residence, No. 3904 W. Belle St. St. 11 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Magee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15 - 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>80</u>	<u>11</u>	<u>26</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....	<u>Nil</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) Paris, Texas

13. NAME Sam Magee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Kentucky

15. MAIDEN NAME Catherine Steward

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

17. INFORMANT Mabel Fields  
(ADDRESS) 3904 W. Belle

18. BURIAL, CREMATION, OR REMOVAL PLACE Algona Ill. DATE 9-17 1935

19. UNDERTAKER Russell Wood Co.  
(ADDRESS) 2724 Olive St.

20. FILED 13 1935 19.....  
SET

J. F. Brebeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10-1935

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1935 to September 10, 1935  
I last saw him alive on September 10, 1935. Death is said to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset

Other contributory causes of importance: 930  
unknown

Name of operation ..... Date of .....  
What test confirmed diagnosis? Symptoms. Was there an autopsy? No.

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) Dr. Roy Dabbs, M. D.  
(Address) 1003 W. Glasgow St.

