

FEB 19 1936

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

Do not use this space.

1001

1. PLACE OF DEATH

County Grundy

Township Trenton

City Trenton (No. _____ St. _____ Ward _____)

Registration District No. 328

Primary Registration District No. 3017

File No. _____

Registered No. _____

2. FULL NAME Ida May Magee

(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 12 yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 - 1862

7. AGE YEARS MONTHS DAYS

73

4

19

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

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) Henry Co
(STATE OR COUNTRY) Iowa

13. NAME Thomas Parker

14. BIRTHPLACE (CITY OR TOWN) Whelton Va
(STATE OR COUNTRY) W. Va

15. MAIDEN NAME Nancy Stelmuth

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

17. INFORMANT E. G. Magee
(ADDRESS) Trenton Mo.

18. BURIAL, CREMATION, OR REMOVAL

Kansas City, Mo. DATE Jan 26 1936

19. UNDERTAKER Thos C Davis # 8216
(ADDRESS) Trenton Missouri

20. FILED 1-25 1936

Dene D. Fair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 - 1935, to Jan 24 - 1936

I last saw him alive on Jan 20 1936 Death is said to have occurred on the date stated above, at 3:20 m.

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

Hypertension with
atherosclerosis and
apoplexy

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin 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) W. A. Susan, M. D.

(Address) Trenton Mo

