

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

Do not use this space.

5140

MAR 17 1936

1. PLACE OF DEATH

County... Canton Registration District No. 206
 Township... Lathrop Primary Registration District No. 3284
 City..... (No.....) St. Ward.....

File No.
 Registered No. 6

2. FULL NAME William Somerville McKee

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 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 OF (OR) WIFE OF Gallie McKee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 7 19

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) Rayburg Va.

MOTHER FATHER 13. NAME Joseph Robinson McKee

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

MOTHER 15. MAIDEN NAME Maria Somerville

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

17. INFORMANT Frank T. McKee
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Lathrop Mo DATE 2-25 36

19. UNDERTAKER D. Moss Creek
 (ADDRESS)

20. FILED 2-24 1936 E. B. Dunkerton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24 1936

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

I last saw him alive on Feb 27 1936 Death is said to have occurred on the date stated above, at 1:49 m.

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

Myocarditis (chronic) 1930
Atherosclerosis 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical 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 E. B. Dunkerton M. D.

(Address) Lathrop 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.

