

MAY 29 1936

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

Do not use this space.

18411

1. PLACE OF DEATH

County WRIGHT
Township Clark
City MORRISWOOD, MO. (No.)

Registration District No. 1122
Primary Registration District No. 6226

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6th 1867 X

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 7 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) 1935 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Henry County, Tenn. (STATE OR COUNTRY) Tenn.

13. NAME Geo. W. McKee

14. BIRTHPLACE (CITY OR TOWN) Near Salisbury, N.C. (STATE OR COUNTRY) N.C.

15. MAIDEN NAME Margaret Kelley X

16. BIRTHPLACE (CITY OR TOWN) Carroll Co. Ky. (STATE OR COUNTRY) Ky.

17. INFORMANT Phyllis F. Jackson (ADDRESS) Morriswood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackman Cemetery DATE 7/23 1936

19. UNDERTAKER FRIENDS (ADDRESS)

20. FILED 4-23 36 Roy A. Burnett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

I last saw h..... alive on....., 19.... Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:
Myocardial infarction
Chronic coronary artery disease
Arteriosclerosis
Date of onset

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....., 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) L. J. Manning, M. D.

(Address) Morriswood

