

JUN 5 1936

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

Do not use this space.

20926

1. PLACE OF DEATH

County.....  
Township.....  
City..... *St. Louis*

Registration District No. **791**  
Primary Registration District No. **1008**  
No. *found in Miss. City of Putzer*

File No.....  
Registered No. **5127**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *108 Julian* St., *N.R.* Ward. *East St. Louis, Ill.*  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Myrtle B. Mc Kay</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 23, 1876</i>		
7. AGE	YEARS	MONTHS
	<i>59</i>	<i>11</i>
		DAYS <i>18</i>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>Saint Meat Inspector</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Bureau Animal Industry</i>		
10. Date deceased last worked at this occupation (month and year) <i>Aug. 1935</i>		11. Total time (years) spent in this occupation <i>25</i>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Don't know*

FATHER 13. NAME  
*John A. Mc Kay*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Don't know*

MOTHER 15. MAIDEN NAME  
*Coulter*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Don't know*

17. INFORMANT (ADDRESS)  
*C. J. Purpus Jr. East St. Louis, Ill.*

18. BURIAL, CREMATION, OR REMOVAL PLACE  
*East St. Louis, Ill.* DATE *May 12, 1936*

19. UNDERTAKER (ADDRESS)  
*East St. Louis, Ill.*

20. FILE **MAY 12 1936** *J. F. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 11, 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 *6:00 A.M.*

The principal cause of death and related causes of importance were as follows:  
*Body found floating in river in far advanced stage of decomposition, injuries & cause of injury could not be ascertained.*

Other contributory causes of importance:  
*(No evidence of violence)*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? *NO*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *Penetrating injury*, 19.....

Where did injury occur? *Street*  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
*Street*

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

(Signed) *Harold J. Kelly* M.D.  
(Address) *Putzer*

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.

