JUN 6 1936

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

791
1003

Do not use this space.
21231

File No.
Registered No. 5442

**1. PLACE OF DEATH**

County
Registration District No.
Township
Primary Registration District No.
City St Louis (No. Cor. Kyota to City Hos St. Ward)

**2. FULL NAME** John F McGee

(a) Residence: No. 7729 Arthur Cr St., N.R. Ward. Richmond Heights
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1st 1900

7. AGE: Years 35 | Months 9 | Days 20 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
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) Mass

FATHER
13. NAME Michael McGee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass

MOTHER
15. MAIDEN NAME Catherine Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass

17. INFORMANT (ADDRESS) George T McGee, 7729 Arthur Cr

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brockton Mass DATE 5-25 1936

19. UNDERTAKER (ADDRESS) Arthur J Donnelly U Co 3846 Gravois Av

20. FILED MAY 23 1936 J F Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

No Phy — attended

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21 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 10 20 p m.

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

| | Date of onset |
|---|---|
| Fractured skull & fracture, lacerated cervical cord, fragmentation of brain precipitation struck by fist & knocked to street. | |

Other contributory causes of importance: 175 B

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? Injury Date of injury 5/21, 1936
Where did injury occur? St Louis Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury .....
Nature of injury All above

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Harold [illegible] M. D.
(Address) [illegible]

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD