JUL 25 1936

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

Do not use this space.

23665

1. PLACE OF DEATH
County New Madrid — Registration District No. 274 — File No. [illegible]
Township — Primary Registration District No. 6261 — Registered No. 6261
City Catron (No. ..... St. ..... Ward)

2. FULL NAME Billie Jean McKee
(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 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):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 7-1935
7. AGE: YEARS — MONTHS: 7 — DAYS: 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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): Catron Mo

FATHER
13. NAME: Jean McKee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Mo

MOTHER
15. MAIDEN NAME: Beatrice Edmonsond
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hoggnersville Mo

17. INFORMANT (ADDRESS): Russell Edmonsond New Madrid Mo
18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Cape Girardeau Pleasant Hill DATE June 27, 1936
19. UNDERTAKER (ADDRESS): Richards Und Co. New Madrid Mo
20. FILED July 3, 1936 E. E. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 26, 1936
22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936, to June 26, 1936
I last saw her alive on June 26, 1936. Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:
Colitis — Date of onset June 24 '36
Other contributory causes of importance:
Name of operation: Clinical 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? — 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) E. E. Jones, M. D.
(Address) Lilbourn 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.