

SEP 21 1936

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

Do not use this space.

30371

1. PLACE OF DEATH

County CooperRegistration District No. 218Township BoonvillePrimary Registration District No. 3015City Boonville

File No. _____

Registered No. 109

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 501 4th St. St. _____ Ward _____

(Mina McKenzie)

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 Female 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) Dec. 7 - 18567. AGE YEARS 79 MONTHS 8 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Geneva N.Y.13. NAME George McKenzie14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland15. MAIDEN NAME Leann McEam16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland17. INFORMANT (ADDRESS) Miss Helen Swap18. BURIAL, CREMATION, OR REMOVAL PLACE W. H. Nutt DATE Aug 31 193619. UNDERTAKER (ADDRESS) W. J. Meister20. FILED Aug 31 1936 St. Cooper Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29, 193622. I HEREBY CERTIFY, THAT I attended deceased from 8. 24 1936, to 8. 29 1936I last saw him alive on 8. 27. 36 1936. Death is said to have occurred on the date stated above, at Boonville, Mo.

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

Enteric - colitisDate of onset 8. 24. 36

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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 _____, 1936

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) W. E. Swan M. D.(Address) Boonville, Mo

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.

1856

62

1931