

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

Do not use this space.

NOV 17 1936

36664

1. PLACE OF DEATH

County Bollinger
 Township Wayne
 City Zalma, Mo. (No. _____, St. _____ Ward)

Registration District No. 69
 Primary Registration District No. 5111

File No. _____
 Registered No. _____

2. FULL NAME Catherine Senora McKee.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7th 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

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) Wayne Co.

13. NAME Blare McGee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co.

15. MAIDEN NAME Nancy Jane Burk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.

17. INFORMANT Mr E W McKee,
 (ADDRESS) Zalma, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McGee Cemetery DATE Oct, 4th, 1936

19. UNDERTAKER Andrew J Baker
 (ADDRESS) Lutesville, Mo.

20. FILED _____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2nd, 1936

I HEREBY CERTIFY, That I attended deceased from Sept 25, 1936, to Oct 2, 1936

I last saw him alive on Sept 25, 1936. Death is said to have occurred on the date stated above, at 6-9 m.

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

Paralysis - Bulb Date of onset _____

Other contributory causes of importance: _____

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? _____ 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.

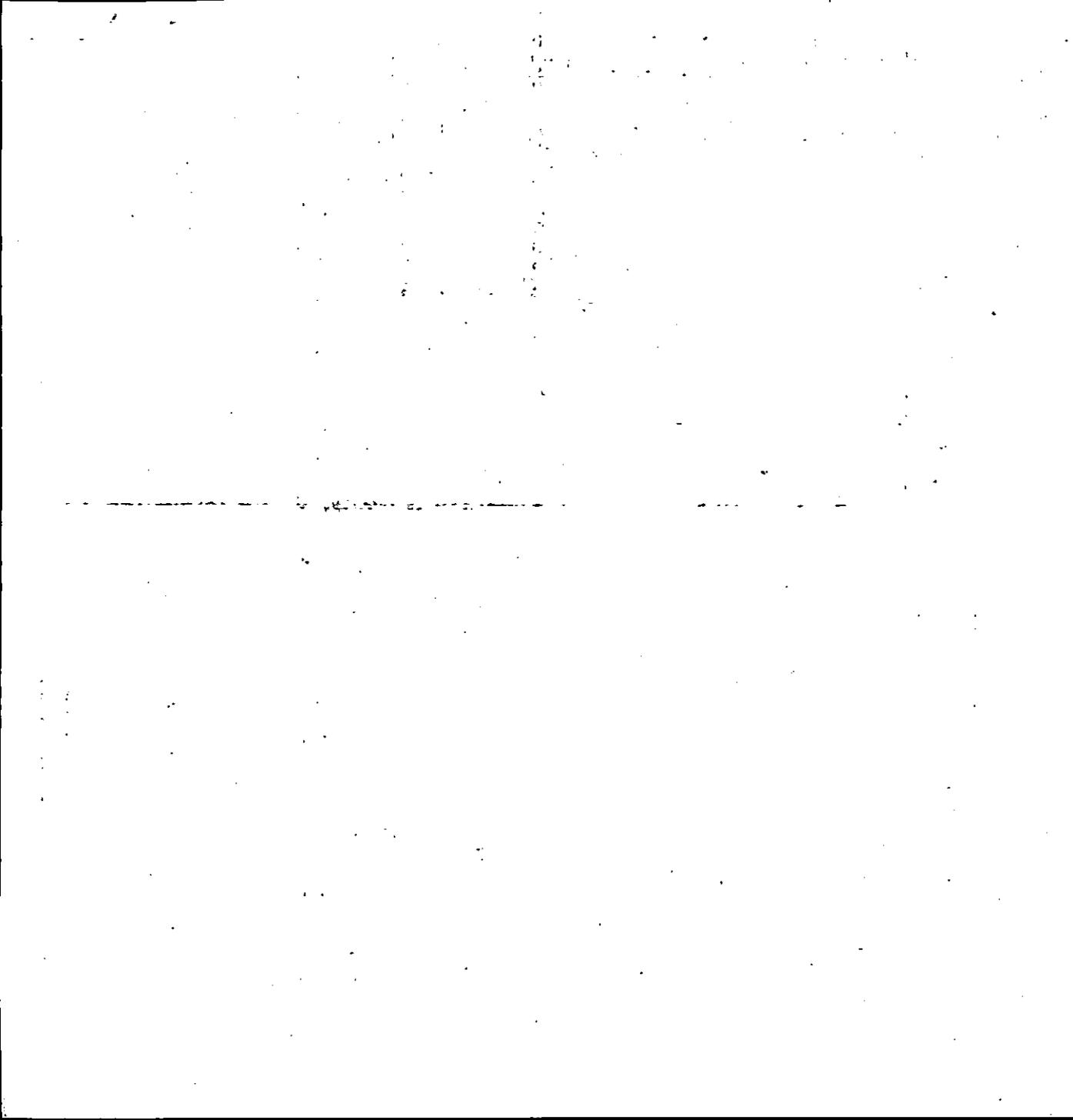
Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) [Signature], M. D.
 (Address) [Address]



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