

Dr. Bruce

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

DEC 28 1936

44192

1. PLACE OF DEATH

County ColeRegistration District No. 213Township JeffersonPrimary Registration District No. 3014City Jefferson (No.)File No. Registered No. 353St. Ward 2. FULL NAME Mrs. Francis McKenzie(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF William McKenzie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-2-1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>1</u>	<u>23</u>	

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

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) Jefferson City, Mo.
(STATE OR COUNTRY)13. NAME Frederick Kolkmeier14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT Mrs. Hugo Arnhold
(ADDRESS) Holt Summit, Missouri18. BURIAL, CREMATION OR REMOVAL
PLACE St. Veterans Cem DATE Dec-28-193619. UNDERTAKER Jefferson City, Mo.
(ADDRESS) 20. FILED 11/26/36 1936 Jefferson City, Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1936 to Dec 28, 1936I last saw her alive on Dec 28, 1936. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Pneumonia
and
Decompensation
Heart

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Date of operation
What test confirmed diagnosis Pathology Was there an autopsy? Yes23. 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) Dr. Bruce(Address) Jefferson City, Mo.

M. D.

167a

30 1 2 4 10 100 1000

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Cole

Registration District No. 213

File No.

Township

Primary Registration District No. 3014

Registered No. 353

City Jefferson (No.)

St. Ward)

2. FULL NAME

(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

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or ... min.

70

23

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)

FATHER MOTHER

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

12/26/1937

Dr. B. J. ...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Pneumonia
Bronchi

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external cause (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?.....

If so, specify

(Signed) J. E. Bruce, M. D.

(Address) Jefferson City, Mo.

S-44192