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

DEC 4 1936

Do not use this space.

48982

File No.

Registered No.

1. PLACE OF DEATH
County: Dunklin
Township: Independence
City: (No. , St. Ward)

Registration District No. 288
Primary Registration District No.

2. FULL NAME: Baby Mc Gee

(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: M-
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): 9-14-1936

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

OCCUPATION

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): DeBing, Mo-

FATHER

13. NAME: J. H. Mc Gee-
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Doniphan Mo-

MOTHER

15. MAIDEN NAME: Zora Petty-
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Piggott, Ark

17. INFORMANT: J. H. Mc Gee-
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Ridge DATE: 9-14 36

19. UNDERTAKER: Baldwin Funeral Home
(ADDRESS) Kennett, Mo-

20. FILED 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1936 to Sept. 14, 1936
I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

Still born

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 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?
If so, specify

(Signed) Asa J. Greer, M. D.
(Address) Deering Mo.

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

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.

100M-2-28-35