

MAY 27 1937

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

Do not use this space.

1. PLACE OF DEATH
54 County LINN
Township LOCUST CREEK
City.....(No).....

Registration District No. 501
Primary Registration District No. 5666

File No. 16863
Registered No.....

2. FULL NAME MARY C. 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 18 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED 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) (STATE OR COUNTRY) HOWARD COUNTY MISSOURI

13. NAME GEORGE A. CHEERY

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

15. MAIDEN NAME MARY R. HATFIELD

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

17. INFORMANT (ADDRESS) ED. MCKENZIE LINNEUS, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE F.O.O.F. CEM. DATE APRIL 20 1937

19. UNDERTAKER (ADDRESS) THORNE UNDERTAKING CO. LINNEUS MISSOURI

20. FILED 5-8-37 J. W. Webb Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1935, to April 17, 1937

I last saw h.c. alive on April 17, 1937. Death is said

to have occurred on the date stated above, at 3 P.M.

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

Senility

Other contributory causes of importance:
Arteriosclerosis (generalized)

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) J. W. Webb, M. D.

(Address) Linneus, Mo

N. E.—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.

