

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
 113 County North Registration District No. 905
 Township Allen Primary Registration District No. 6216
 City Denver (No. _____) St. _____ Ward _____
 2. FULL NAME Margaret Magee
 (a) Residence, No. Denver 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.

File No. 17909
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. L. Magee
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1841
 7. AGE YEARS 95 MONTHS 10 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. M.
 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) Cassidy County Kentucky
 MOTHER 13. NAME Benjamin Dawson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassidy County Ky
 15. MAIDEN NAME Milly Coffey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terry County Ky
 17. INFORMANT (ADDRESS) J. P. Bran Denver, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cent DATE May 6, 1937
 19. UNDERTAKER (ADDRESS) Bran Bros Denver, Mo
 20. FILED May 8, 1937 A. J. Perry Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1937
 22. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1937 to May 4th, 1937
 I last saw _____ alive on May 4, 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset May 3rd
 Other contributory causes of importance: Chronic Myocarditis
 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? No
 If so, specify _____
 (Signed) J. P. Haily D.D. _____ M.D.
 (Address) Denver Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

