

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.

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jackson Primary Registration District No. 1002
 City Kansas City (No. of St. Joseph Hospital) 1002 St. 2 Ward 1

19013

File No. 19013
 Registered No. 19013

2. FULL NAME

Arystine J. McKay
 (a) Residence, No. Conover, Okla. St. 1 Ward Conover, Okla.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Walter McKay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-5-1872

7. AGE YEARS 64 MONTHS 6 DAYS 7 If LESS than 1 day, hrs. or min.

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

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) 1-9-33 11. Total time (years) spent in this occupation 40 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Okla.

13. NAME W. McKay

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

15. MAIDEN NAME Elyzabeth Etherington

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

17. INFORMANT (ADDRESS) Miss W. McKay, Conover, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE May 15, 1937

19. UNDERTAKER (ADDRESS) W. J. Gray, Conover, Okla.

20. FILED 5-14-37 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12-1937

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1937, to May 12, 1937
 I last saw him alive on May 12, 1937 Death is said to have occurred on the date stated above, at 11 P. M.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 5 days

108
 Other contributory causes of importance: De-compensating heart 1 day

Name of operation no Date of no
 What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no
 Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

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

(Signed) C. E. Evans M. D.
 (Address) 703. W. Main Bldg

