

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

Do not use this space.

JUN 23 1937

20496

1. PLACE OF DEATH
 53 County Polk Registration District No. 1042
 Township Hooker Primary Registration District No. 5614
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Lis Pauline McKehey
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 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) Jan 18th 1937

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>4</u>		

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

22. I HEREBY CERTIFY, That I attended deceased from 5/10, 1937, to 5/10, 1937
 I last saw her alive on 5/10, 1937. Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:

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 _____

Gastro-enteritis Date of onset 5/10/37

Other contributory causes of importance: 1195

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Mo

FATHER

13. NAME Henry McKehey

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

MOTHER

15. MAIDEN NAME Lelia May Perry

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

Name of operation none Date of _____

What test confirmed diagnosis? Ph. Exam 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 _____

17. INFORMANT Sen Starks
 (ADDRESS) Shannon Ave 9 - Polk

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Polk Mo DATE May 20 37

19. UNDERTAKER John
 (ADDRESS) _____

20. FILED 5/19 1937 Josephine Martin
 Registrar

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

(Signed) P. Thompson, M. D.
 (Address) Polk 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.

