

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Audrain
Township Salt River
City Mexico Mo

Registration District No. 26
Primary Registration District No. 3002
(No. Audrain Hospital)

File No. 23063
Registered No. 80
St. _____ Ward _____

2. FULL NAME Joe Perls McGee Jr.

(a) Residence, No. 673 S. Clahoun 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 Male 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) June 18, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5

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

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) Mexico, Missouri

13. NAME Joe McGee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe C county, Missouri

15. MAIDEN NAME Mauds Neale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway C county, Missouri

17. INFORMANT Joe McGee
(ADDRESS) Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Holliday, Mo. DATE June 23, 1937

19. UNDERTAKER Chas. Arnold Jr.
(ADDRESS) Mexico, Missouri

20. FILED June 23, 1937 Blanche Neely
Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1937, to June 23, 1937

I last saw him alive on June 23, 1937. Death is said to have occurred on the date stated above, at 6 A. M.

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

Patent, Perammon orate 6/18/37
congenital Atelectasis 6/18/37

Other contributory causes of importance:

Premature in part
Ecchymosis of neck

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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?
If so, specify (H. I. Nesheim)
(Signed) [Signature] M. D.
(Address) Mexico, Mo.

N. B.—Every item of information on this CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

