

NOV 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bates
Township Osage
City Rich Hill (No. _____)

Registration District No. 53
Primary Registration District No. 2005

File No. 37053
Registered No. 54

2. FULL NAME Molvin Eugene Mc Keegan

(a) Residence, No. Rich Hill, Mo. 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) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 1

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Hill, Mo.

13. NAME George Mc Keegan

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

15. MAIDEN NAME Frances Lemasters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co

17. INFORMANT (ADDRESS) Mrs. A. Richardson

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Rich Hill 10/16

19. UNDERTAKER (ADDRESS) Booth Funeral Service

20. FILED At 11:37 James J. Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1937

22. I HEREBY CERTIFY that a deceased died from Heart to Oct 14 1937

I last saw him alive on Oct 14 1937 Death is said

to have occurred on the date stated above, at 3 a.m.

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

Heart failure
Due to kidney weakness
Due to kidney stones
Due to kidney weakness
Other contributory causes of importance:
Not premature birth
158

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?

If so, specify _____

(Signed) James J. Allen, M. D.

(Address) Rich Hill, Mo.

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

The following is a list of the names of the persons who have been
 appointed to the various positions in the office of the
 Secretary of the State, for the term ending on the 31st
 day of December, 1881.

Secretary of the State, J. W. ...

Treasurer, ...

Auditor, ...

Register, ...

Surveyor, ...

Assessor, ...

Sheriff, ...

Coroner, ...

Clerk of the Court, ...

Notary Public, ...

The names of the persons who have been appointed to the
 various positions in the office of the Secretary of the
 State, for the term ending on the 31st day of December,
 1881, are as follows:

Secretary of the State, J. W. ...

Treasurer, ...

Auditor, ...

Register, ...

Surveyor, ...

Assessor, ...

Sheriff, ...

Coroner, ...

Clerk of the Court, ...

Notary Public, ...

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

37053
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 23
(b) Township Deage Primary Registration District No. 300 J Registered No. 56
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Melvin Eugene McKeegen

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

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

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Wm H J Dancy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19... Death is said to have occurred on the date stated above, at _____ m.

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

Uremic Convulsions
born from uremic metastasis
from having uremic convulsions
from premature birth
Other contributory causes of importance: (not premature birth)

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? 150 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? _____

If so, specify _____

(Signed) Claude J. Allen M. D.

(Address) Rich Hill Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CHECK OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-37053