DEC 21 1937

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

Do not use this space.

41883

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1. PLACE OF DEATH

County: Mercer — Registration District No.: 556 — File No.: 41883

Township: Morgan — Primary Registration District No.: 5750 — Registered No.: 70

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Rolla Elvin McKay

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	0	27	

OCCUPATION

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

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) Mercer Co. Mo

FATHER

13. NAME Lewis McKay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co. Mo. Mo.

MOTHER

15. MAIDEN NAME Mary Rachel Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co Mo Mo.

17. INFORMANT (ADDRESS) Mrs Chlora Poliard Princeton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mercer Cem DATE Nov 15 1937

19. UNDERTAKER (ADDRESS) Noel Moss Princeton Mo.

20. FILED 11/14 1937 J M Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on Nov. 13, 1937 Death is said to have occurred on the date stated above, at 2:00 P.m.

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

Motor Car head on collision about eight miles northwest of Princeton on public Road

Date of onset

Other contributory causes of importance: 21 BM

Name of operation no Date of .....

What test confirmed diagnosis? Phys Sym Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 13, 1937

Where did injury occur? Public Road Mercer Co Missouri (Specify city or town, county, and State)

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

Manner of injury Concussion of Skull auto accident

Nature of injury Concussion & Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? 4

If so, specify .....

(Signed) James H Somerville M. D.

11/14-37 (Address) Coroner, Mercer, Mo

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.