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.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. 205 N. Monroe St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 1685
Registered No. 373

2. FULL NAME Richard O. McGee 200
(a) Residence, No. 205 N. Monroe 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Anna McGee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1871
7. AGE YEARS 66 MONTHS 7 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Mail Clerk
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) Kansas

FATHER
13. NAME John J. McGee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Olivia Coral
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) Mrs. Anna McGee 205 N. McGee, Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence, Kansas DATE ✓ 19
19. UNDERTAKER (ADDRESS) C. H. Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.
20. FILED Jan 24 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to Jan 23, 1938
I last saw him alive on Jan 22, 1938. Death is said to have occurred on the date stated above, at 10:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac	?
Valvular insufficiency	
Coronary occlusion	
92 N	

Other contributory causes of importance:
hypertension,
Cardiac valvular insufficiency

Name of operation none 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? no
If so, specify ✓
(Signed) Earl Van Jones M. D.
(Address) 100 1/2 N. Askew

RECEIVED

FEB 1? 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

Dr. E. V. Jones,
100 ½ S Askew