REC'D MAR 24 1938

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

Do not use this space.

8118

1. PLACE OF DEATH
County St Louis 1 Registration District No. 96 File No.
Township Bonhomme Primary Registration District No. Registered No. 340
City Kirkwood (No. 444 N. Harrison St. Ward)

2. FULL NAME Carrie Christine McGee 200
(a) Residence, No. 444 N. Harrison St., Ward. KIRKWOOD MO
(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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: EUGENE McGEE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEB 7-1878
7. AGE: YEARS 60 MONTHS 0 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSE WORK
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): Iowa 1

FATHER
13. NAME: Jacob Sherry 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Eugene McGee 444 N. Harrison
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: Feb 23, 1938
19. UNDERTAKER (ADDRESS): Louis H Bopp Kirkwood, Mo.
20. FILED 2-21 1938 T. R. Meyer M.D. Dr. P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-20, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to Feb 20, 1938
I last saw her alive on Feb 15, 1938. Death is said to have occurred on the date stated above, at 5:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Goitre 9 3 C

Name of operation: Thyroidectomy Date of 1936
What test confirmed diagnosis? Clinical 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 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. E. Barnett, M.D.
(Address) 207 S Woodrill Kirkwood Mo

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Y

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