

REC'D MAY 24 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Ralls Registration District No. 727
 Township Saltriver Primary Registration District No. 5959
 City (No.) St. (Ward)
 2. FULL NAME David C. McGee 2.00
 (a) Residence, No. Perry, Mo. St. Ward.
 Length of residence in city or town where death occurred 65 yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 15620

Registered No. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 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 Mattie McGee.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 16, 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 1 21
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
 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) Perry, Missouri
 13. NAME John A. McGee,
 FATHER
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls County Missouri
 MOTHER
 15. MAIDEN NAME Nancy Wilson.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls County Missouri
 17. INFORMANT Mattie McGee
 (ADDRESS) Perry, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lick Creek DATE May, 9, 1938
 19. UNDERTAKER Clyde C. Wilbey
 (ADDRESS) Perry, Mo.
 20. FILED 5/9 1938 Clyde C. Wilbey Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 7 1938
 22. I HEREBY CERTIFY, That I attended deceased from april 30 1938, to May 7 1938
 I last saw him alive on May 6 1938. Death is said to have occurred on the date stated above, at 9:35 P. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 4-30-38
 Other contributory causes of importance: arteriosclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Physioid Was there an autopsy? Yes
 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) John E. Brown _____, M. D.
 (Address) Perry, 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.

Miss Brown Eight