

SEP 28 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30296  
Do not use this space.

1. PLACE OF DEATH

(a) County Worth Registration District No. 983  
(b) Township Wetchell Primary Registration District No. 4545  
(c) City Grant City (d) Street No. \_\_\_\_\_  
(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

DANIEL BRYANT MCKIM

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 9 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer  
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) 1916  
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monrovia  
Algeria

13. NAME Alford M. McKim

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

15. MAIDEN NAME Margaret Taylor

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

17. INFORMANT (ADDRESS) Cyrus McKim  
Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wetchell DATE 8/28

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch C. Dwyer  
Grant City, Mo.

20. FILED 9-9 19 38 Fred Mullen  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1938

I HEREBY CERTIFY, That I attended deceased from Aug. 21, 38 to Aug. 25, 1938  
I last saw him alive on Aug. 25, 1938 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:

Heart degeneration  
of heart  
Date of onset 35

Other contributory causes of importance: ✓

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) S. J. Rose M. D.  
(Address) Grant City, 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.

Corrected Jan 6. 1938 by affidavit L. H. Dwyer

For affidavit see ~~mine~~ file D.# 139-1938

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Arch C. Dingle*

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Arch C. Dingle*

Licensed Embalmer No.

*3252*

P. O. Address

*Grant City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.