

REC'D OCT 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Highland
City Eving (No. _____)

Registration District No. 478
Primary Registration District No. 4287

File No. 32635
Registered No. 14 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. John W. McHee St. _____ Ward _____
(Usual place of abode) Eving mo (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

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 Salie McHee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 : 3 : 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Retired Postmaster (State time spent in this occupation)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eving mo

MOTHER FATHER
13. NAME Robert McHee

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

MOTHER FATHER
15. MAIDEN NAME Eliza Waters

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

17. INFORMANT Mrs. John W. McHee (ADDRESS) Eving mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cemetery DATE 9-26 1938

19. UNDERTAKER James O'Donnell (ADDRESS) Wannabe mo

20. FILED 10-11 1938 Anna K. Ball Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1938 to Sept 25 1938. I last saw him alive on Sept 24 1938. Death is said to have occurred on the date stated above, at 2 P.M. The principal cause of death and related causes of importance were as follows:

Euronic Poisoning Date of onset 7/25

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? None 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) Harry S. McBrook, D.P.H.
Christina Mc... (Address) _____

431

132B

RECEIVED

District Health Officer No. 10

District File Number 10-38-263

Date Filed 10-11-38

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

32630 -
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 478
 (b) Township 1 Primary Registration District No. 4287 Registered No. _____
 (c) City Turney (d) Street No. _____ St. _____
 (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

(a) Residence, No. John W. McCreesh 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) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3 22

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

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov. 17, 1938 Harry T. McCreesh Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

to to 1919

I last saw h. alive on 19 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:

Uremic Poisoning caused by partial retention of urine from bladder irritation for a period of years.
 Other contributory causes of importance: alcoholism in earlier life. Semblity

Date of onset

Name of operation None Date of _____
 What test confirmed diagnosis? None 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) Harry T. McCreesh M.D.
 (Address) Turney, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

UNITED STATES BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

(a) State of Birth
(b) County
(c) City
(d) Precinct

2. PRINT FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE

S-32635

5. DATE OF BIRTH

6. TIME