REC'D APR 19 1939

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

Do not use this space.

1. PLACE OF DEATH
55 County Lawrence 3
Township Mt. Vernon 1
City
Registration District No. 470
Primary Registration District No. 5633
File No. 11373
Registered No. 42
(No. Mo. State Sanatorium St. Ward)

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2. FULL NAME James Carlos McKengie
(a) Residence, No. Mt. Vernon St., Ward. So. Kinlock, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1912

7. AGE: YEARS 26 | MONTHS 8 | DAYS 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cleaning shops
10. Date deceased last worked at this occupation (month and year) July 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McKengie Tennessee 1

FATHER
13. NAME Poke McKengie 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McKengie Tennessee 1

MOTHER
15. MAIDEN NAME Ollie Everett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McKengie Tennessee

17. INFORMANT (ADDRESS) Ethel McMichael Record Clerk

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE March 29, 1939

19. UNDERTAKER (ADDRESS) J. H. Randel & Son St. Louis, Mo. 1

20. FILED March 27, 1939 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1937, to 3-26, 1939
I last saw him alive on 3-25, 1939 Death is said to have occurred on the date stated above, at 12 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 1936

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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? No
If so, specify .....
(Signed) [signature], M. D.
(Address) Mt. Vernon, Mo.

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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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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RECEIVED
District Health Officer No. 6,
District File Number 6-39-752
Date Filed APR 6 1939