

REC'D JUN 19 1939

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

18150
Do not use this space.

1. PLACE OF DEATH
 (a) County Butler Registration District No. 89
 (b) Township Poplar Bluff Primary Registration District No. 3007
 (c) City Poplar Bluff, Mo. (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Cyrus Joseph McKee
 (a) Residence, No. S. Poplar Bluff, Mo. St. (If nonresident, give city or town and State)

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 Nettie Mc Kee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 18

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ 9

15. MAIDEN NAME Unknown

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

17. INFORMANT J. G. McKee
 (ADDRESS) Greenville, Miss.

18. BURIAL, CREMATION, OR REMOVAL At. Tamm's Ill.
 PLACE McCrite Cemetery DATE May 14, 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1939 .19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to May 7, 1939.
 I last saw him alive on May 7, 1939. Death is said to have occurred on the date stated above, at 2:00 P.M.
 The principal cause of death and related causes of importance were as follows:
cerebral hemorrhage
1 stroke
shopping
 Date of onset 1938

Other contributory causes of importance: 121
Patency into nephritis 1938

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) Alfred R. Row M. D.
89 (Address) Poplar Bluff, Mo.

19. FUNERAL DIRECTOR (NAME) Greer-Croy Service
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 5/14 1939 Whitman
 Local Registrar.

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.

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.