REC'D SEP 13 1939

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

Do not use this space.

29307

47 1. PLACE OF DEATH

County Iron — Registration District No. 391 — File No.

Township Arcadia — Primary Registration District No. 4230 — Registered No. 48

City Ironton (No. St. Marys Hospital St. Ward)

2 0 200

2. FULL NAME Julia Florence McGee

(a) Residence, No. Potosi Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

3. SEX: fem.
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: Otis McGee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25, 1884

7. AGE: YEARS 55 — MONTHS 0 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenville Mo.

FATHER

13. NAME: Golson Phelps
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): kentucky

MOTHER

15. MAIDEN NAME: Lodiska Whittinghill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Otis McGee, Potosi Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenville Mo. DATE Aug 2, 1939

19. UNDERTAKER (ADDRESS): Norman White & Sons, Ironton Mo.

20. FILED Aug 7, 1939 R. A. Rasche, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-31-39 12:30 P.M., to 7-31-39 4:00 P.M., 19

I last saw her alive on 7-31-39, 19 Death is said to have occurred on the date stated above, at 4.00P.m.

The principal cause of death and related causes of importance were as follows:

intestinal obstruction — Date of onset

122 a 2

Other contributory causes of importance:

ventral hernia post operative

Name of operation laparotomy with ressection of strangulated bowel Date of 7-31-39

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) [signature], M. D.

(Address) George Ogy, Ironton 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.