

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

1 PLACE OF DEATH

County Shannon
Township Montrose
Village
City

Registration District No. X 825 File No. 24 4324
Primary Registration District No. X 6085 Registered No.

2 FULL NAME

(NO. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Francis Mac Bee

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W 5 SINGLE MARRIED married
WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH July 15 1863
(Month) (Day) (Year)

7 AGE 55 yrs. 5 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm work

9 BIRTHPLACE Harris Co, MO
(City or town, State or foreign country)

PARENTS 10 NAME OF FATHER W. Mc Bee
11 BIRTHPLACE OF FATHER W. Kentucky
(City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Hulda Willis
13 BIRTHPLACE OF MOTHER W. Kentucky
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mary Mc Bee
(Address) Terisita, Mo

15 Filed 1-7 1919 O. Bitcher
Registrar

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH June 1 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 28 1918 to Jan 1 1919
that I last saw him alive on Dec 28 1918
and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

11 Influenza
10
(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. A. Brierly M. D.
Jan 1 1919 (Address) Terisita, Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL P. Grove DATE OF BURIAL 1-4 1919

20 UNDERTAKER Mrs. P. Smotherman ADDRESS Terisita, 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.

