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

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.

FEB 24 1931

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

Do not use this space.

File No. 3 4936

Registered No. 3

1. PLACE OF DEATH

25 County Clinton — Registration District No. 210

Township Platte — Primary Registration District No. 5290

City ..... No. ..... St. ..... Ward)

2. FULL NAME Katherine McKee

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

Length of residence in city or town where death occurred 56 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
F	White	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 22, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	3	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home work
(b) General nature of industry, business, or establishment in which employed (or employer) 244
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Perrin
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER A. C. McKee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Frankfort
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Francis E. Hurst

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Frankfort
(STATE OR COUNTRY) Kentucky

14. INFORMANT Miss Mary McKee
(Address) Osborn Mo.

15. FILED Feb 1 1931 John Ray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1931, to Feb. 17, 1931, that I last saw her alive on Feb. 17, 1931, and that death occurred, on the date stated above, at about 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Lungs
Probably of several years duration
2344 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pneumonia
..... (duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) P. M. Steckman, M. D.
Feb 18 1931 (Address) Plattsburg Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Perrin Mo.	2-20 1931
20. UNDERTAKER	**ADDRESS**
Nelson & O'Brien	Plattsburg Mo.