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

Do not use this space.

11503

1. PLACE OF DEATH
4 County Audrain — Registration District No. 26 — File No.
4 Township Saltriver — Primary Registration District No. 3002 — Registered No. 46
7 City Mexico Mo. No. , St. Ward)

2. FULL NAME Tom McKamey
(a) Residence, No. 7305 Trinity St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1868-4-21

7. AGE: 63 — YEARS: ~~63~~ — MONTHS: 10 — DAYS: 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X 236
10. Date deceased last worked at this occupation (month and year): 12/2/32
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holt Summit Callaway Co.

FATHER
13. NAME: Willis McConey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holt Summit

MOTHER
15. MAIDEN NAME: Harriet McConey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holt Summit Callaway Co.

17. INFORMANT (ADDRESS): E McKamey Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico Mo DATE 4/24 1932

19. UNDERTAKER (ADDRESS): A. L. Reynolds Jr.

20. FILED April 24th 1932 Ira S Milligan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21- 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~12~~ 4-12- 1931, to 4-21- 1932
I last saw him alive on 4-21- 1932 Death is said to have occurred on the date stated above, at 8 45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	
Aortitis	

Other contributory causes of importance:
Cerebral Hemorrhage

Name of operation: no — Date of
What test confirmed diagnosis? — Was there an autopsy? no

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) H. J. Eaton, M. D.
(Address) Mexico, 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.

MAY 23 1932