

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.

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

Do not use this space. *N*
25587

1. PLACE OF DEATH

7 County Bates Registration District No. 50
Township Mt. Pleasant Primary Registration District No. 5074
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 49

2. FULL NAME

Sarah Ann 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of W. J. McKee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29, 1849
7. AGE YEARS 84 MONTHS 6 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Virginia

MOTHER FATHER 13. NAME John Hoffmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Jan McKee
(ADDRESS) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Aug 19 33

19. UNDERTAKER Conyers
(ADDRESS) Butler Mo

20. FILED 8/19 19 33 Nina & Culver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 28th 33, to Aug 17th 33, 1933
I first saw h. _____ alive on Aug 14th 33, 1933 Death is said

to have occurred on the date stated above, at S.P. Mo

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

Chronic myocarditis Date of onset _____
930
113
930

Other contributory causes of importance: Intestinal infarction

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 _____, 1933

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) H. D. Lapham, M. D.

(Address) Butler, Mo.

SEP 26 1933

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