

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 1935

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

Do not use this space.

1. PLACE OF DEATH  
16 County Cape Girardeau Registration District No. 129  
Township Shannon Primary Registration District No. 5180  
City (No. St. Ward)

2. FULL NAME Dane G. McKee  
(a) Residence, No. German MO St. Ward.  
(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. (If nonresident, give city or town and State)

12166  
File No.  
Registered No. 4  
St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED marital  
HUSBAND OF (OR) WIFE OF Rosalie Querry  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 - 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 1 25  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) MO  
13. NAME E. M. McKee  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO  
15. MAIDEN NAME Eliza Obermally  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO  
17. INFORMANT M. D. C. McKee  
(ADDRESS) German, Mo.  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Clement Hill DATE May 1 1935  
19. UNDERTAKER The Republic of P. H. Co.  
(ADDRESS) W. C. C. Co.  
20. FILED May 1 1935 G. J. Behren  
Registrar.

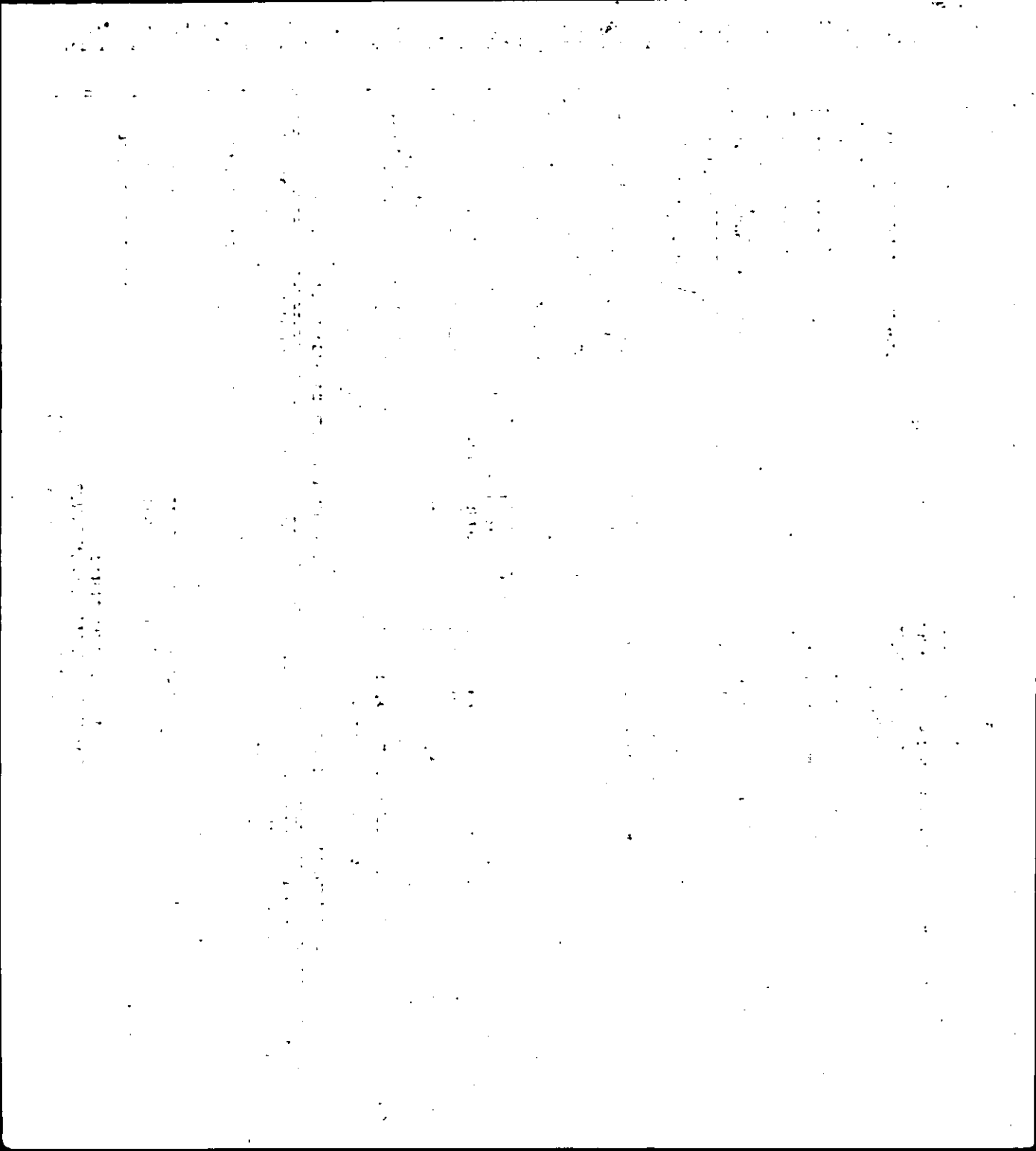
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1935  
22. I HEREBY CERTIFY, that I attended deceased from June 16 1933 to April 29 1935  
I last saw him alive on April 20 1935 Death is said to have occurred on the date stated above, at 12:45 m.  
The principal cause of death and related causes of importance were as follows:

suspected Polypus of J  
the throat  
Date of onset

Other contributory causes of importance: 57

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 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) R. D. Blaylock M. D.  
(Address) P. O. Box 1000, Mo.



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

Do not use this space.  
**ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS FORM**

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 129  
Township..... Primary Registration District No. 5180  
City..... (No. .... St. .... Ward)

File No.....  
Registered No. 4

**2. FULL NAME**

Jane C McKeel

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 29 1935, 19

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

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

I last saw ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

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

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

Infected Polypus of nose possibly malignant  
Date of onset

Other contributory causes of importance:  
5/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME

Manner of injury.....  
Nature of injury.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

17. INFORMANT (ADDRESS)

(Signed)....., M. D.  
(Address).....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 6-12-35 J. J. Schoen Registrar.

SUBMITTED

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 10 1955

5-12/64