

27 1928

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

Do not use this space.

28259

1. PLACE OF DEATH

County Ray
Township
City Richmond (No.)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 72
St. Ward)

2. FULL NAME

Mrs. Lucy A. McGee

(a) Residence No. West Main St. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 6 mos. 24 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 widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 6 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Duties
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Shelbyville
(STATE OR COUNTRY) Missouri Shelby Co.

10. NAME OF FATHER John E. Rozelle

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

12. MAIDEN NAME OF MOTHER Elizabeth Anderson

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

14. INFORMANT H.M. Shotwell
(Address) Richmond Mo.

15. FILED Aug 10, 1928 R.L. Hamilton
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 - 1928

17. I HEREBY CERTIFY, That I attended deceased from July 22 1928, to Aug 9 1928 that I last saw him alive on Aug 9 1928, and that death occurred, on the date stated above, at 7:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of stomach
Pancreas and other
Abdominal organs 163
about (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) do not know
(duration) 4 1/2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED do not know
(IF NOT AT PLACE OF DEATH)

D DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-ray. Skelograph
(Signed) Chas B.S. Shotwell M. D.

Aug 12, 1928 (Address) Richmond 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 Northon Mo. DATE OF BURIAL Aug 13, 1928

20. UNDERTAKER Esthuma ADDRESS Richmond Mo.

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.

attended also by Dr. Maria G. G. G. G.,
H. A. G. G., M. G.