

1. PLACE OF DEATH

STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1175

COUNTY OF DALLAS

CITY OR
PRECINCT NO. DALLASST. PAUL
HOSPITAL

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME
OF DECEASED REEVE STEWART McKAYLENGTH OF RESIDENCE
WHERE DEATH OCCURRED 60 YEARS MONTHS DAYS (SOCIAL SECURITY NO. UNKNOWN)RESIDENCE OF STREET
THE DECEASED AND NO. 5719 RICHMOND CITY DALLAS COUNTY DALLAS STATE TEXAS

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3. SEX MALE 4. COLOR
OR RACE WHITE17. DATE OF
DEATH January 18 19465. SINGLE, MARRIED, WID-
OWED OR DIVORCED
(WRITE THE WORD) MARRIED18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM
Jan 5 1946 TO Jan 18 19466. DATE OF
BIRTH NOVEMBER 16, 1881

I LAST SAW HIM ALIVE ON Jan 18 1946

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY
64 2 2 HOURS MINTHE DEATH OCCURRED ON THE DATE STATED ABOVE AT 10:25 PM
THE PRIMARY CAUSE OF DEATH WAS:8A. TRADE, PRO-
FESSION OR KIND
OF WORK DONE CHIEF FOR FIRE PROTECTION

myocardial infarction 1 hr

8B. INDUSTRY OR
BUSINESS IN
WHICH ENGAGED NORTH AMERICAN AVIATION9. BIRTHPLACE
(STATE OR
COUNTRY) TEXASCONTRIBUTORY
CAUSES WERE10. NAME
ALEX C. McKAY

Coronary Arteriosclerosis 1 yr

11. BIRTHPLACE
(STATE OR
COUNTRY) TEXAS12. MAIDEN
NAME CORA STEWART13. BIRTHPLACE
(STATE OR
COUNTRY) TEXAS14. SIGNATURE
Catharine Seal Hact
ADDRESS
DALLAS, TEXASIF NOT DUE TO DISEASE, SPECIFY WHETHER
ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF OCCURRENCE

PLACE OF OCCURRENCE

15. PLACE OF
BURIAL OR
REMOVAL RESTLAND, DALLAS, TEXAS
DATE
JANUARY 21, 1946MANNER OR MEANS
IF RELATED TO OCCU-
PATION OF DECEASED,
SPECIFY16 SIGNATURE
SPARKMAN BRAND INC.

SIGNATURE Geo. A. Schenewerk M.D.

ADDRESS
2115 ROSS AVE., DALLAS, TEXASADDRESS
1135 med arts bldg Dallas TEXAS

20 FILE NUMBER FILE DATE SIGNATURE OF LOCAL REGISTRAR POSTOFFICE ADDRESS

269 Jan 21 1946 G. L. Hargill, REGISTRAR Dallas TEXAS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

