JUN 24 1927

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

Do not use this space.
14214

File No. .....
Registered No. 501

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township ..... — Primary Registration District No. 1001
City St. Joseph (No. B. C. #64 South Third St. St. ..... Ward)

2. FULL NAME Jane Elizabeth Mc Cormick
(a) Residence. No. B. C. #64 So. Third St. St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jas. C. Mc Cormick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5, 1857.

7. AGE: Years 69 | Months 8 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marietta
(STATE OR COUNTRY) Wisconsin

PARENTS
10. NAME OF FATHER John Faith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs. Margaret Gutierrez.
(Address) B. C. #64 So. Third St.

15. FILED MAY 11 1927 — John G. Jeb — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1927, to May 9 1927, that I last saw h. alive on Apr 22, 1927, and that death occurred, on the date stated above, at 4:. A. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Internal Insufficiency 92A — Several (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) not any (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED good
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Fleetwood Gordon, M. D.
5/10, 1927 (Address) 2/6 [illegible]

*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: Mt. Olivet — DATE OF BURIAL: May 12, 1927
20. UNDERTAKER: Fleman-Faris — ADDRESS: 1208 Francis

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.