

AUG 7 1927

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

Do not use this space.

21864

1. PLACE OF DEATH

County Lewis
Township
City Canton

Registration District No. 477
Primary Registration District No. 4286

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME

McDermott, Unnamed

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16 27

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Canton Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER T. J. McDermott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clark Co Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Ellison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clark Co Mo.
(STATE OR COUNTRY)

14. INFORMANT T. J. McDermott
(Address) Gregory Landings, Mo.

15. FILED July 18 1927 Walter Kade
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1927

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1927, to July 16, 1927 that I last saw him alive on July 16, 1927, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Overdose with

159 161a
(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) 161a
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Walter Kade, M. D.
7-17 1927 (Address) Canton 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 St Patrick DATE OF BURIAL July 17 1927

20. UNDERTAKER W & Kelly ADDRESS Canton Mo

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.

