

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

Do not use this space.

30864

JAN 5 1928

1. PLACE OF DEATH  
 County Lewis Registration District No. 483  
 Township Wagon Primary Registration District No. S-1-47  
 City Rolla (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

2. FULL NAME Charley Patrick Mc Dermott  
 (a) Residence No. \_\_\_\_\_ 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)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. ~~MARRIED~~, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Long  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 8, 1868  
 7. AGE YEARS 59 MONTHS 9 DAYS 4 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 12 1927  
 17. I HEREBY CERTIFY, That I attended deceased from Did not get there until after he died, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 5 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Angina Pectoris  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS: \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Lewis Co (STATE OR COUNTRY) Mo  
 10. NAME OF FATHER Patrick Mc Dermott  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Mary Logsdon  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky (STATE OR COUNTRY) \_\_\_\_\_

(Signed) P. W. Jensen, M. D. (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.

14. INFORMANT Thomas Mc Dermott (Address) Williamstown Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Patrick Mo DATE OF BURIAL Oct 14 1927

15. FILED 11-11-1927 J. P. Ford REGISTRAR

20. UNDERTAKER E. D. Keily ADDRESS Canton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state cause of death as accurately as possible. NOE should be signed EXACTLY. Exact statement of OCCUPATION is very important.

