

1871 1871

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

Do not use this space.

12858

1. PLACE OF DEATH

County Dunklin
Township Cottonhill
City

Registration District No. 289
Primary Registration District No. 5407

File No.
Registered No. 18
St. Ward)

2. FULL NAME

Retha McCormick

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

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26 - 1927

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6 mo 3

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) New Madrid Co
(STATE OR COUNTRY)

10. NAME OF FATHER Cloud McCormick

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

12. MAIDEN NAME OF MOTHER Lizzie Shadour

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

14. INFORMANT Cloud McCormick
(Address) Malden Mo.

15. FILE 4-29-1928 S. Mitchell
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1928

17. I HEREBY CERTIFY, That I attended deceased from April 19 1928, to April 29 1928 that I last saw him alive on April 29 1928, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia 30 spores

Whooping Cough
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Graydon Coulton #10
4-29-1928 (Address) Malden 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 Malden Mo. DATE OF BURIAL 4-30 1928

20. UNDERTAKER H. L. Craig Malden Mo.

A. 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.

