

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

Do not use this space.

19674

File No. _____
Registered No. 125
St. _____ Ward _____

PLACE OF DEATH

County Vernon
Township _____
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 3039

2. FULL NAME Anna M^e Cormick

(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

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF L. W. M^e Cormick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1851 Aug.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 | 9 | 24

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

9. BIRTHPLACE (CITY OR TOWN) Mo. - K.
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Pat. Talbot

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo. - K.
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. - K.
(STATE OR COUNTRY) Unknown

14. INFORMANT L. W. M^e Cormick
(Address) Nevada, Mo.

15. FILED 5-11-28 B. C. Trip
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 4, 1928, to May 5, 1928, that I last saw him alive on May 5, 1928, and that death occurred, on the date stated above, at 6 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis with Endo-
carditis

(duration) 2 yrs. 6 mos. - ds.

CONTRIBUTORY (SECONDARY) Don't know
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical Exam.
(Signed) [Signature] M. D.

5-7-1928 (Address) Nevada, 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 Westwood DATE OF BURIAL 5-6 1928

20. UNDERTAKER Allen, V. F. Nevada, Mo. ADDRESS _____

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.

Low
JUL 10 1928

