

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

Do not use this space.

1. PLACE OF DEATH

County: Jefferson Registration District No. 411002 File No. 24187
Township: Jefferson Primary Registration District No. 3rd Registered No. 1000000000
City: Jefferson No. 1000000000 St. Missouri (Ward)

2. FULL NAME

Margaret McCall
(a) Residence. No. 1000000000 St. Missouri Ward. 1000000000
(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 19 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 7 19

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) 236
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Andrew J. Darby

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind

12. MAIDEN NAME OF MOTHER Margaret Hunt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT (Address) G. W. Branch
Jefferson City, Mo.

15. FILED 7/1 19 28 W. K. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1 1928 to July 8 1928 that I last saw him live on July 8 1928, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured skull from auto accident in train collision within city limits of Jefferson Mo.

CONTRIBUTORY (SECONDARY) 1860

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

8 DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) R. M. Stormont, M. D. 7/9, 19 28 (Address) Webb City, 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 East Hill Cem DATE OF BURIAL 7-11-1928
Carrollton Mo.

20. UNDERTAKER Wheeler and Co ADDRESS Jefferson Mo

PERMANENT RECORD

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.

