

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

Do not use this space.

31444

**1. PLACE OF DEATH**

County St. Charles  
Township Cameron  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 758  
Primary Registration District No. 5999

File No. \_\_\_\_\_  
Registered No. 43  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Judith Virginia McCausland

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

Length of residence in city or town where death occurred 94 yrs. 7 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

Female

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widow

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

Not McCausland

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

Feb 14 - 1834

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
94	7	6	

**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) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

St. Charles, Mo

**10. NAME OF FATHER**

Richard Keeble

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

Virginia

**12. MAIDEN NAME OF MOTHER**

India Murphy

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

Virginia

**14. INFORMANT (Address)**

L. C. McCausland  
Fallon, Mo

**15. FILED** 9/21, 1928. Dr. J. M. Purpus  
REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Sept 20 1928

**17. I HEREBY CERTIFY**, That I attended deceased from Sept 16, 1928, to Sept 20, 1928, that I last saw her alive on Sept 21, 1928, and that death occurred, on the date stated above, at 2 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Suppurative Pneumonia  
167 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** Old Age  
(duration) yrs. mos. ds.

**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) E. C. Shiers, M. D.  
, 19 (Address) Fall, 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**

Murphy Cemetery 9/22 1928

**20. UNDERTAKER**

Clemens White Admora

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.

