

N 20 1928

300

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

Do not use this space.

32831

1. PLACE OF DEATH

County Washington Registration District No. 1001  
Township Washington Primary Registration District No. State Hospital # 3  
City Wentzville (No. State Hospital # 3)

File No. \_\_\_\_\_  
Registered No. 1227  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

E. J. McCready  
(a) Residence, No. State Hwy # 2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mo. 21 da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1928, to Oct 27, 1928  
that I last saw him/her alive on Oct 27, 1928 and that death occurred, on the date stated above, at 8:30 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7 1853

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Parainfluenza of Pleae  
5248 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
25 6 20

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

CONTRIBUTORY (SECONDARY)  (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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

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

10. NAME OF FATHER Wm McCready

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

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

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Kitty Walker

WHAT TEST CONFIRMED DIAGNOSIS? Culture  
(Signed) J. D. Stearns, M. D.

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

(Address) State Hwy # 2, Wentzville, 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 Records State Hwy # 2  
Address St. Louis, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
State Hospital # 3 Oct 29 1928

15. FILED Oct 29 1928 John J. [Signature] REGISTRAR

20. UNDERTAKER  
E. R. Sidenfaden 602 So. 10<sup>th</sup>

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.

