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

Do not use this space.

39591

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No.
Township Saltrice — Primary Registration District No. 5034 — Registered No. 165
City (No. , St. Ward)

2. FULL NAME Emily A. McCord
(a) Residence. ~~No.~~ R-1-Mexico St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widdow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF ~~(OR)~~ WIFE OF: Samuel McCord

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-13-1846

7. AGE: Years 83 — Months 10 — Days 24 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(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): Connecticut

PARENTS
10. NAME OF FATHER: Harris Winsor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Con
12. MAIDEN NAME OF MOTHER: Sarah Mallot
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Con

14. INFORMANT: Roy H. McCord
(Address) R-1-Mexico Mo

15. FILED Dec 13, 1929 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 11/29, 1929, to Dec 11, 1929, that I last saw her alive on Dec 11, 1929, and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Apoplexy.

12 A
99 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis.
(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ~~no~~
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) S. C. Adams, M. D
, 19 (Address) Mexico 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: Mexico Mo-Cem — DATE OF BURIAL: 12-13 1929

20. UNDERTAKER: H A Precht & Son — ADDRESS: Mexico Mo

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.

JAN 30

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Oct. 11 - 1929
Jan 13 1816
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