

R 23 1930 APR 27 1930

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

Do not use this space.

11922

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township " Primary Registration District No. 3009
City " (No. Cour. Spanish & Merryweather St. " Ward)

File No. 11922
Registered No. 364

2. FULL NAME

William Clifford Mc Cure

(a) Residence. No. 9 E. Henderson St. " Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6 - 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 6 1

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

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) Mo

10. NAME OF FATHER William R. Mc Cure

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

12. MAIDEN NAME OF MOTHER Winnip Powers

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

14. INFORMANT Lena Mc Cure
(Address) Cape Girardeau Mo

15. FILED 4/9 1930 W. H. Kumpfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1930

17. I HEREBY CERTIFY, That I attended deceased from 1930 to 1930 that I last saw him alive on 9 1930 and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carbolic Acid Poisoning
Suicide
163-0 Short time
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 163-0 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 163-0
IF NOT AT PLACE OF DEATH place of death

19. DID AN OPERATION PRECEDE DEATH? No DATE OF "
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Burns on lip and cheek
(Signed) Wm. F. Wessell M. D.
4/10 1930 (Address) Cape Girardeau 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 St. Edwards Cemetery DATE OF BURIAL April 10 1930

20. UNDERTAKER Long 74 Co ADDRESS Cape Gir 44

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.

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