41773-5

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

Do not use this space.

41773-5 E

1. PLACE OF DEATH
County Pemiscot Registration District No. 1102
Township ~~Dearing~~ Pascola Primary Registration District No. 5870
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Masie Jewell McDole
(a) Residence. No. ..... 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.

MAR 24 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16 1930
7. AGE YEARS MONTHS 10 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Arbyd Mo.
(STATE OR COUNTRY) Mo Dunklin

PARENTS
10. NAME OF FATHER Jessie McDole
11. BIRTHPLACE OF FATHER (CITY OR TOWN) O Ran
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Nell Robbins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marbel Hill
(STATE OR COUNTRY) Mo

14. INFORMANT Ed McDole
(Address) Bragg City Mo
15. FILED 3-7, 1932 Mrs. T. R. Cole REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16 1931
17. I HEREBY CERTIFY, That I attended deceased from Dec 16 10 PM, 19..., to ..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Mem Pranous Croup
10 10 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) none
..... (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
9 DID AN OPERATION PRECEDE DEATH? — DATE OF .....
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) C P Murrell, M. D.
, 19 (Address) Bragg City

*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 McGrew. cemetery
DATE OF BURIAL 12 18 1931
20. UNDERTAKER Albert Burnett
ADDRESS