

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

Do not use this space.

6075

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1170
 7 Township _____ Primary Registration District No. 6248 #
 7 City Richmond Home No. St. Marys Hospital St. _____ Ward _____

File No. _____
 Registered No. 31
 St. _____ Ward _____

2. FULL NAME Margarette McLean

(a) Residence, No. _____ St. _____ Ward. Hillsboro, Ills.
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Ben. P. McLean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 8 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro, Ills.

FATHER 13. NAME Charles W. Bliss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fillmore, Ills.

MOTHER 15. MAIDEN NAME Elizabeth W. Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro, Ills.

17. INFORMANT C. P. Bliss (ADDRESS) Hillsboro, Ills.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsboro, Ills. DATE Feb - 13 - 1932

19. UNDERTAKER Walter Bras (ADDRESS) Hillsboro, Ills.

20. FILED 2/11 19. 32 Lo. L. Jensen Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 10 - 1932

I HEREBY CERTIFY, That I attended deceased from July 25, 1932 to July 10, 1932.
 I last saw h. alive on July 10, 1932. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Brain tumor - cerebello pontine
540
875
 Date of onset _____

Other contributory causes of importance: Operation - removal of brain tumor
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury _____
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) W. J. Taylor M. D.
 (Address) _____

A copy of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. MAR 25 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township

Primary Registration District No. 6248

City Richmond Heights

St. 117

File No. _____

Registered No. 31

St. _____ Ward _____

2. FULL NAME

Margarette McLean

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>on</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED 4/5 1932 B. Jensen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

_____ Date of onset _____

Brain tumor
Cerebral arteriosclerosis
not malignant.

Other contributory causes of importance:

Operation - edematous
of brain

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

N. P. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state cause of DEATH in plain terms, so that it may be properly classified. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

