

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 28 1932

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

Do not use this space.

11812

1. PLACE OF DEATH
 1st County Callaway Registration District No. 104
 2nd Township Fulton Primary Registration District No. 3008
 7 City Fulton (No. 4) St. _____ Ward _____

2. FULL NAME Tom McCune
 (a) Residence, No. Mexico, Mo. 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. 1 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>73</u>	MONTHS —	DAYS —	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>			
	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) <u>Unknown 31</u>				
MOTHER	13. NAME <u>41</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>41</u>			
	15. MAIDEN NAME <u>41</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>41</u>				
17. INFORMANT <u>Records of State Hospital #1</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mexico Mo</u> DATE <u>4/6</u> 19 <u>32</u>				
19. UNDERTAKER <u>Henson Taylor</u> (ADDRESS) <u>Fulton Mo</u>				
20. FILED <u>4/5</u> 19 <u>32</u> <u>R. M. Owen</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1932 to April 5, 1932
 I last saw him alive on April 5, 1932 Death is said to have occurred on the date stated above, at 10:27 am.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset
11A
10:30
11:20
 Other contributory causes of importance:
Influenza
Senile Deterioration
 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? no
 If so, specify _____
 (Signed) T. S. Gaff, M. D.
 (Address) Fulton Mo.

