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.

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

Do not use this space.

21243

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~600~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5799

City St Louis Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME John Macom

(a) Residence, No. ..... St., 12 Ward. Poplar Bluff Mo
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8-1878

7. AGE: YEARS 54 | MONTHS 3 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 164

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) Popular Bluff Mo 1

FATHER

13. NAME Wm. Macom

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

MOTHER

15. MAIDEN NAME Annie Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

17. INFORMANT (ADDRESS) Henry Macom Corbin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Popular Bluff Mo DATE 6-22-32, 19

19. UNDERTAKER (ADDRESS) Frank Und. Co. Popular Bluff Mo

20. FILED JUN 20 1932, 19 Max C Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-15-, 1932, to 6-20-, 1932

I last saw him alive on 6-20-, 1932 Death is said to have occurred on the date stated above, at 12.45 a.m.

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

Carcinoma of stomach | Date of onset

46B

Other contributory causes of importance: 1

Name of operation Exploratory Laparotomy Date of 6/18/32

What test confirmed diagnosis? stellwaggon Was there an autopsy? no

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) Isaac J. Olch, M. D.

(Address) BARNES HOSPITAL