

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.

AUG 22 1932

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

Do not use this space.

21868

1. PLACE OF DEATH *Barry*
 5 County *Barry* Registration District No. *30*
 3 Township *Monett* Primary Registration District No. *3003*
 4 City *Monett* (No. _____) St. _____ Ward _____

2. FULL NAME *A. P. McDermitt*

(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 *6* 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 (Use the word) *Widower*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-27-1853*

7. AGE YEARS *79* MONTHS *0* DAYS *4* If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) *1923* 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *West Virginia*

13. NAME *McDermitt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dout Knaw*

15. MAIDEN NAME *Dout Knaw*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dout Knaw*

17. INFORMANT *Harry McDermitt*
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE *Black Fox - near Ritchie, Mo.* DATE *7-10-1932*

19. UNDERTAKER *H. F. Bradford*
(ADDRESS) _____

20. FILED *7-9-1932* *W. A. West*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 5 - 1932*

I HEREBY CERTIFY That I attended deceased from *Feb. 15 - 1932* to *July 5 - 1932*

I last saw him alive on *June 20 - 1932* Death is said to have occurred on the date stated above, at *4 P.* m.

The principal cause of death and related causes of importance were as follows:
Pneumoniae Septicæ
Myocarditis
93D
132A 93100

Other contributory causes of importance: _____

(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) *A. D. Ferguson*, M. D.
 (Address) *Monett, Mo.*

