

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

Do not use this space.

25317

1. PLACE OF DEATH

6 County Barton

Registration District No. 39

1 Town

Primary Registration District No. 4023

3 City Golden City (No. _____) St. _____ Ward _____

File No. _____

Registered No. 11

2. FULL NAME Joseph Thomas Mc Bride

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 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 Wilda L. Mc Bride

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 - 1864

7. AGE YEARS 68 MONTHS 2 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 7

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

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) Greenfield Mo. 1

13. NAME Wm. H. Mc Bride

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

15. MAIDEN NAME Victoria Burns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield Mo. 1

17. INFORMANT (ADDRESS) Mrs. Wilda L. Mc Bride Golden City Mo.

18. BURIAL, CREMATION, OR REMOVAL Greenfield Mo. DATE Aug. 27, 1932

19. UNDERTAKER (ADDRESS) E. A. Phillips Golden City Mo.

20. FILED 8-26-32 F. J. Walton Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1932, to Aug. 25, 1932
I last saw him alive on Aug. 24, 1932. Death is said to have occurred on the date stated above, at 4 a.m.

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

Chronic myocarditis
43094
Other contributory causes of importance: 8 1

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Chas. P. Brown, M. D.
(Address) Golden City Mo.

WRITE FULLY 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.

SEP 21 1932

