

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

Do not use this space.
36881

1. PLACE OF DEATH

94 County Madison Registration District No. 774
 Township Madison Primary Registration District No. 601500
 City Madison (No. _____) St. _____ Ward _____

File No. 315
 Registered No. _____

2. FULL NAME

Cynthia Ann McCall
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 14 1855

7. AGE YEARS 77 MONTHS 7 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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) Tenn.

13. NAME unknown

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

15. MAIDEN NAME _____

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

17. INFORMANT J.C. McCall (ADDRESS) McCall, OKLA

18. BURIAL, CREMATION, OR REMOVAL PLACE burial cemetery DATE 11-26-32

19. UNDERTAKER Goodwell Bros (ADDRESS) 701 E. 1st St. Okla

20. FILED Nov 30 1932 W. J. Bryan Registrar

5 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 11-23, 1932, to 11-24, 1932.
 I last saw him alive on 11-24, 1932. Death is said to have occurred on the date stated above, at 8:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Adrenal apoplexy
recurred with comas
with arterial sclerosis
 Other contributory causes of importance:
Chronic degenerative and arteriosclerotic
with arterial sclerosis

Date of onset 11-23-32
11-27-32

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical exam Was there an autopsy? yes

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) Paul T. Jones, M. D.
 (Address) E. Henry, Mo

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.

JAN 5 1933

