

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.

4245

1. PLACE OF DEATH
 97 County Saline Registration District No. 796 303 File No.
 5 Township Primary Registration District No. 6039 Registered No.
 City Marshall, Mo (No., St., Ward)

2. FULL NAME Emmett M^cDonald M^cFadden
 (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 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) Dec. 16, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 5

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

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) Pilot Knob, Mo

13. NAME Dennis M^cFadden

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

15. MAIDEN NAME Mary Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington, Ky.

17. INFORMANT (ADDRESS) Walter M^cFadden, Guthrie, Marshall, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bethel, Mo DATE Jan 23, 1933

19. UNDERTAKER (ADDRESS) W. H. Haysley, Marshall, Mo

20. FILED 2-8-33 H. C. Putnam, Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to Jan 21, 1933
 I last saw him alive on Jan 21, 1933. Death is said to have occurred on the date stated above, at 8 P. M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
930
115 9310
 Other contributory causes of importance:
Influenza

Name of operation Date of
 What test confirmed diagnosis? twice 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) Geo. S. Hansen, M. D.
 (Address) Marshall Mo

