

1933

MAR 5

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

Do not use this space.

4508

1. PLACE OF DEATH

County Winnon
Township Washington
City Stovada (No. _____)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 42
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. Hosp. #3 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>?</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16 1891</u>				
7. AGE	YEARS <u>42</u>	MONTHS <u>6</u>	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>			
	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	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1931 to Jan 15, 1933
I last saw him alive on Jan 14, 1933. Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

186A
940 Paris's
85
Other contributory causes of importance:
Fall from bed (accidental)

Date of onset

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>
	13. NAME <u>Frank Mc Garry</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>
	15. MAIDEN NAME <u>Josie Huffman</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
17. INFORMANT <u>Mrs. Viola Wilkerson</u> (ADDRESS) <u>1233 Wagon Dr. St. Louis Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>SH#3</u> DATE <u>1-21</u> , 19 <u>33</u>	
19. UNDERTAKER <u>Allen J. Day</u> (ADDRESS) <u>Nevada, Mo.</u>	
20. FILED <u>2-9-</u> , 19 <u>33</u> <u>E. B. King</u> Registrar.	

Name of operation _____ Date of _____
What test confirmed diagnosis? Quoted Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury Jan 15, 1933
Where did injury occur? St. Hosp. #3
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Hospital #3
Manner of injury Fell out of bed
Nature of injury Blow on head, each on knee

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Lumbar L. Curper
(Signed) _____ M. D.
(Address) Nevada, Mo.

PHYSICIANS should state Exact statement of OCCUPATION is very important

Thos Duntice - 12 and Alvine
Post Dispatch Printing Dept. - St Louis Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Vernon Registration District No. 875
 Township Washington Primary Registration District No. 6162
 City (No.) St. Ward

2. FULL NAME

Frank McGarry

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 . 19 33

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

22. I HEREBY CERTIFY, that I attended deceased from to, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1891

I last saw h. alive on, 19. Death is said to have occurred on the date stated above, at m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 6 29

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

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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

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

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

20. FILED 2-9- 19 33 E. P. King Registrar

(Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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