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.

8995

APR 2 1933

1. PLACE OF DEATH
County Crawford — Registration District No. 234 — File No.
Township Oak Hill — Primary Registration District No. 5319 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Roy Earl McCune
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 M.
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~~ Rhoda Housewright Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 22, 1890
7. AGE YEARS 42 MONTHS 3 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Oak Hill Mo.

FATHER
13. NAME B. F. McCune
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Hill Mo

MOTHER
15. MAIDEN NAME Elizabeth Morris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Hill Mo

17. INFORMANT (ADDRESS) Rhoda McCune
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Oak Hill Cem DATE 3/22/ 1933
19. UNDERTAKER (ADDRESS) E. E. Long Bourbon Mo
20. FILED 3/15 1933 Sam T. Davies Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/14/ 1933 to 3/21/ 1933
I last saw him alive on 3/21/33 1933 Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid	

Other contributory causes of importance:
Had Influenza Jan. 1933.

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) W. G. Henderson M. D.
(Address) Cuba Mo