

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

Do not use this space.

12121

PLACE OF DEATH

County Vernon Registration District No. 875
Township Sumner Primary Registration District No. 3039
City Nevada (No. _____) St. _____ Ward _____

File No. _____
Registered No. 70

2. FULL NAME Alice McCormick

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-15-1858</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>3</u>	DAYS <u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rock Island Ill</u>		
13. NAME <u>James Donaldson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Midway Marshall Co Penn.</u>		
15. MAIDEN NAME <u>Catharine Ann Cook</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Midway Penna. Marshall Co Penn.</u>		
17. INFORMANT <u>C. J. Donaldson</u> (ADDRESS) <u>Sheldon Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sheldon Mo.</u> DATE <u>Mar 23, 1933</u>		
19. UNDERTAKER <u>G. B. Berry Bros</u> (ADDRESS) <u>Sheldon Mo.</u>		
20. FILED <u>3-23</u> 19 <u>E. P. King</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1933 to Mar. 20, 1933
I last saw her alive on Mar. 20, 1933. Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:
Diabetes mellitus Date of onset ?

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Laboratory 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) E. P. King, M. D.
(Address) Nevada, Mo

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.

WRITE PLEASE IN INK—THIS IS A PERMANENT RECORD

APR 27 1933

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