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.

JUL 1 1933

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

Do not use this space.

20301

File No. .....

Registered No. 26

1. PLACE OF DEATH

County Pine — Registration District No. 502

Township ..... — Primary Registration District No. 4305

City Marceline (No. ....., ... St. ..... Ward)

2. FULL NAME Mary Frances McCready

(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 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 1850

7. AGE: YEARS 83 — MONTHS 2 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Callao Mo

FATHER

13. NAME Edmond Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Mo

MOTHER

15. MAIDEN NAME Nancy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo

17. INFORMANT (ADDRESS) Mrs Harve Stools Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE June 23, 1933

19. UNDERTAKER (ADDRESS) Jas McLaughlin Marceline Mo

20. FILED 6/26, 1933 Ola Putman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1931, to June 5, 1931

I last saw h..... alive on June 8, 1933 Death is said to have occurred on the date stated above, at 7:00 P.m.

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

Date of onset

Hemaphlegia 82D 97 82A

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) P. L. Patrick M. D.

(Address) Marceline Mo