

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

Do not use this space.

30043

1. PLACE OF DEATH

50 County Jefferson Registration District No. 421 File No. _____
 Township Plattine Primary Registration District No. 55-76 Registered No. 19
 City Plattine, Mo. St. _____ Ward _____

2. FULL NAME

Samuel Clinton McCormack
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (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>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nettie McCormack</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 17 - 1955</u> | | |
| 7. AGE YEARS <u>78</u> | MONTHS <u>4</u> | DAYS <u>21</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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>Plattine Mo</u> | | |
| 13. NAME <u>Peter Mc Cormack</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | | |
| 15. MAIDEN NAME <u>Emily Staples</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | | |
| 17. INFORMANT (ADDRESS) <u>Nettie Mc Cormack Plattine Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Plattine Mo</u> DATE <u>9/10 1933</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>First Ind. Co. Plattine Mo</u> | | |
| 20. FILED <u>10/2 1933</u> <u>J. E. Rutledge</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 4th 1933, to Sept 8 1933.
 I last saw him alive on Sept 8 1933. Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Bronchitis and Asthma
Tuberculosis
 Date of onset 1927

Other contributory causes of importance: 33

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? No.
 If so, specify _____
 (Signed) J. E. Rutledge, M. D.
 (Address) Plattine, Mo

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.

NOV 14 1933

