JAN 26 1934

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

Do not use this space.

42241

1. PLACE OF DEATH

97 County Saline — Registration District No. 796 — File No.

5 Township — Primary Registration District No. 3038 — Registered No. 186

City Marshall (No. , St. Ward)

7

2. FULL NAME Mrs May McNabb

(a) Residence, No. 673 South Salt Pond 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

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) Pettis Co. Mo.

FATHER

13. NAME J.R.Morgan

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

MOTHER

15. MAIDEN NAME Lucinda Witcher

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

17. INFORMANT (ADDRESS) Mrs J.M.Pollard Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park DATE Dec. 25, 1933

19. UNDERTAKER (ADDRESS) R. W. Campbell Marshall Mo.

20. FILED 12/26/1933 Helene Page Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1933, to Dec. 25, 1933

I last saw her alive on Dec. 24, 1933. Death is said to have occurred on the date stated above, at 4 a m.

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

	Date of onset
Mitral regurgation	1930
92A	
94B	

Other contributory causes of importance:

Coronary obstruction	12-24-33

Name of operation Date of

What test confirmed diagnosis Clinical Diag. 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) [signature], M. D.

(Address) Marshall, 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.

235

2

2