

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.

929

1. PLACE OF DEATH

County Shannon
Township Calhoun
City Calhoun (No. _____)

Registration District No. 349
Primary Registration District No. 4307

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 20 - 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
61 9 10 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Stirling
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER John McArthur

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Bennett McInnis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Scotland

14. INFORMANT Neil McArthur
(Address) Calhoun Mo.

15. FILED 1-1, 1934 Mrs. A. A. Gray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 - 1934

17. I HEREBY CERTIFY, That I attended deceased from _____, 1934, to _____, 1934, that I last saw him alive on _____, 1934, and that death occurred, on the date stated above, 9:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

CONTRIBUTORY (SECONDARY) See 1st Book

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Staceard, M. D.

, 19 (Address) Calhoun Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Calhoun Jan 5 1934

20. UNDERTAKER J. A. Housey ADDRESS Calhoun Mo.

