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.

25 1934

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

Do not use this space.

8710

1. PLACE OF DEATH

43 County Hickory — Registration District No. 361 — File No.

Township Crosstimbers — Primary Registration District No. 5506 — Registered No. 4

City Crosstimbers (No. ..... St. ..... Ward)

2. FULL NAME Tennie McCubins

(a) Residence, No. Crosstimbers St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 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): J. D. McCubins

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1888

7. AGE: YEARS 45 — MONTHS 5 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME Robert Dunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER

15. MAIDEN NAME Martha Rainwater
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) J. D. McCubins, Crosstimber

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crosstimber DATE Mar 26 1934

19. UNDERTAKER (ADDRESS) J. R. Luckey, Wheatland Mo

20. FILED Mar 25 1934 B O Pickett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934, to Feb 10, 1934. I last saw her alive on Feb 15, 1934. Death is said to have occurred on the date stated above, at 8 pm.

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

	Date of onset
Tuberculosis of Lungs	1932
23 H	
22 H	
11 H	
Other contributory causes of importance:	
Influenza	1932

Name of operation Signal Equation 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?
If so, specify
(Signed) L. A. Glasco, M. D.
(Address) Hemitage Mo

100M-11-24-33