

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

Do not use this space.

APR 25 1934

399

8909

1. PLACE OF DEATH

County Jackson
Township New
City N. C. Mo (No. Vineyard Park Hosp)

Registration District No. 1002
Primary Registration District No. 1002

File No. 1111
Registered No. 1111 St. 1111 Ward

2. FULL NAME

William Grant McCorwan

(a) Residence, No. 2807 East 10th St., Ward.

(If nonresident, give city or town and State)

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 <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>Diana McCorwan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-19-1869</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>11</u>
	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Glazier</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Kutler's</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-7-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933, to Jan 7, 1934

I last saw him alive on Jan 6, 1934 Death is said to have occurred on the date stated above, at H. A. S.

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

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Other contributory causes of importance:
Septic cystitis
(Prostate obstruction)

Name of operation Cystotomy Date of 12-24-33

What test confirmed diagnosis? 12-24-33 Was there an autopsy? 12-24-33

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) J. G. Shelton M. D.
(Address) 92 L. ...
H. C. ...

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Alfred McCorwan

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

MOTHER

15. MAIDEN NAME Elizabeth Dennis

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

17. INFORMANT Miss Diana McCorwan
(ADDRESS) 2807 East 10th, N. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Feb-9-34

19. UNDERTAKER Wm. B. ...
(ADDRESS) 918 ...

20. FILED 3-9 1934
M. M. Crowe
Registrar.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Double Entry

1880

Date	Particulars	Debit	Credit	Balance
1880 Jan 1	Balance			
1880 Jan 15	Dr Cash	100		
1880 Jan 20	Dr Cash	50		
1880 Jan 25	Dr Cash	25		
1880 Jan 30	Dr Cash	125		
1880 Feb 1	Dr Cash	75		
1880 Feb 5	Dr Cash	50		
1880 Feb 10	Dr Cash	25		
1880 Feb 15	Dr Cash	125		
1880 Feb 20	Dr Cash	75		
1880 Feb 25	Dr Cash	50		
1880 Feb 30	Dr Cash	25		
1880 Mar 1	Dr Cash	125		
1880 Mar 5	Dr Cash	75		
1880 Mar 10	Dr Cash	50		
1880 Mar 15	Dr Cash	25		
1880 Mar 20	Dr Cash	125		
1880 Mar 25	Dr Cash	75		
1880 Mar 30	Dr Cash	50		
1880 Apr 1	Dr Cash	25		
1880 Apr 5	Dr Cash	125		
1880 Apr 10	Dr Cash	75		
1880 Apr 15	Dr Cash	50		
1880 Apr 20	Dr Cash	25		
1880 Apr 25	Dr Cash	125		
1880 Apr 30	Dr Cash	75		
1880 May 1	Dr Cash	50		
1880 May 5	Dr Cash	25		
1880 May 10	Dr Cash	125		
1880 May 15	Dr Cash	75		
1880 May 20	Dr Cash	50		
1880 May 25	Dr Cash	25		
1880 May 30	Dr Cash	125		
1880 Jun 1	Dr Cash	75		
1880 Jun 5	Dr Cash	50		
1880 Jun 10	Dr Cash	25		
1880 Jun 15	Dr Cash	125		
1880 Jun 20	Dr Cash	75		
1880 Jun 25	Dr Cash	50		
1880 Jun 30	Dr Cash	25		
1880 Jul 1	Dr Cash	125		
1880 Jul 5	Dr Cash	75		
1880 Jul 10	Dr Cash	50		
1880 Jul 15	Dr Cash	25		
1880 Jul 20	Dr Cash	125		
1880 Jul 25	Dr Cash	75		
1880 Jul 30	Dr Cash	50		
1880 Aug 1	Dr Cash	25		
1880 Aug 5	Dr Cash	125		
1880 Aug 10	Dr Cash	75		
1880 Aug 15	Dr Cash	50		
1880 Aug 20	Dr Cash	25		
1880 Aug 25	Dr Cash	125		
1880 Aug 30	Dr Cash	75		
1880 Sep 1	Dr Cash	50		
1880 Sep 5	Dr Cash	25		
1880 Sep 10	Dr Cash	125		
1880 Sep 15	Dr Cash	75		
1880 Sep 20	Dr Cash	50		
1880 Sep 25	Dr Cash	25		
1880 Sep 30	Dr Cash	125		
1880 Oct 1	Dr Cash	75		
1880 Oct 5	Dr Cash	50		
1880 Oct 10	Dr Cash	25		
1880 Oct 15	Dr Cash	125		
1880 Oct 20	Dr Cash	75		
1880 Oct 25	Dr Cash	50		
1880 Oct 30	Dr Cash	25		
1880 Nov 1	Dr Cash	125		
1880 Nov 5	Dr Cash	75		
1880 Nov 10	Dr Cash	50		
1880 Nov 15	Dr Cash	25		
1880 Nov 20	Dr Cash	125		
1880 Nov 25	Dr Cash	75		
1880 Nov 30	Dr Cash	50		
1880 Dec 1	Dr Cash	25		
1880 Dec 5	Dr Cash	125		
1880 Dec 10	Dr Cash	75		
1880 Dec 15	Dr Cash	50		
1880 Dec 20	Dr Cash	25		
1880 Dec 25	Dr Cash	125		
1880 Dec 30	Dr Cash	75		
1880 Total		10000	10000	