

MAY 25 1934

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

Do not use this space.

13887

1. PLACE OF DEATH

County Polk Registration District No. 703
Township Johnson Primary Registration District No. 5932
City Hammansville (No. _____) St. _____ Ward _____

File No. 13887

Registered No. _____

2. FULL NAME

William T. J. McCracken
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4, 1847</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>90</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) mo.13. NAME James McCracken14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atty Douglas15. MAIDEN NAME Anne Douglas16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.17. INFORMANT Mrs A P Nelson

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE Apr 8, 193419. UNDERTAKER P. A. Joseph(ADDRESS) Hammansville mo.20. FILED Apr 5, 1934 Edward Brown

Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4, 193422. I HEREBY CERTIFY, That I attended deceased from 1932, 19 _____, to Apr 3, 1934I last saw him alive on Apr 3, 1934 Death is saidto have occurred on the date stated above, at 4:40 pm.

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

Advanced Arterio
sclerosis
97 97
Date of onset ago

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? clinical Was there an autopsy? no23. 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) R. M. Neumann, M. D.(Address) Hammansville mo

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.

