

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

Do not use this space.

1. PLACE OF DEATH

County Vernon
Township Waywood
City Neopoma

Registration District No. 872
Primary Registration District No. 6156a

File No. 15500
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Annex Co mo 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5 - 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 1 5 2p

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. House Keeper

10. Date deceased last worked at this occupation (month and year) Oct 3 1933 11. Total time (years) spent in this occupation. 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayletown Ohio

13. NAME Phemius Franks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know penn

15. MAIDEN NAME Nancy Burner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know penn

17. INFORMANT (ADDRESS) Henry McCreelugh Nevada mo

18. BURIAL, CREMATION, OR REMOVAL Home Cemeter DATE 4-6 1934

19. UNDERTAKER (ADDRESS) Henry Funeral Home Nevada mo

20. FILED Apr 11 1934 Mrs R. Earle Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5 1934

22. HEREBY CERTIFY, That I attended deceased from Jan 28 1934 to Apr 5 1934
I saw her alive on Mar 16 1934 Death is said to have occurred on the date stated above, at 12:30 A.M.

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

1934 Brouche pneumonia
1910 7 1910 1910
Other contributory causes of importance:
Fracture Hip (Femur) Jan 28 1934

Name of operation none 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? Natural Date of injury Jan 28 1934
Where did injury occur? at home
(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) W. J. Love, M. D.
(Address) Nevada, Mo

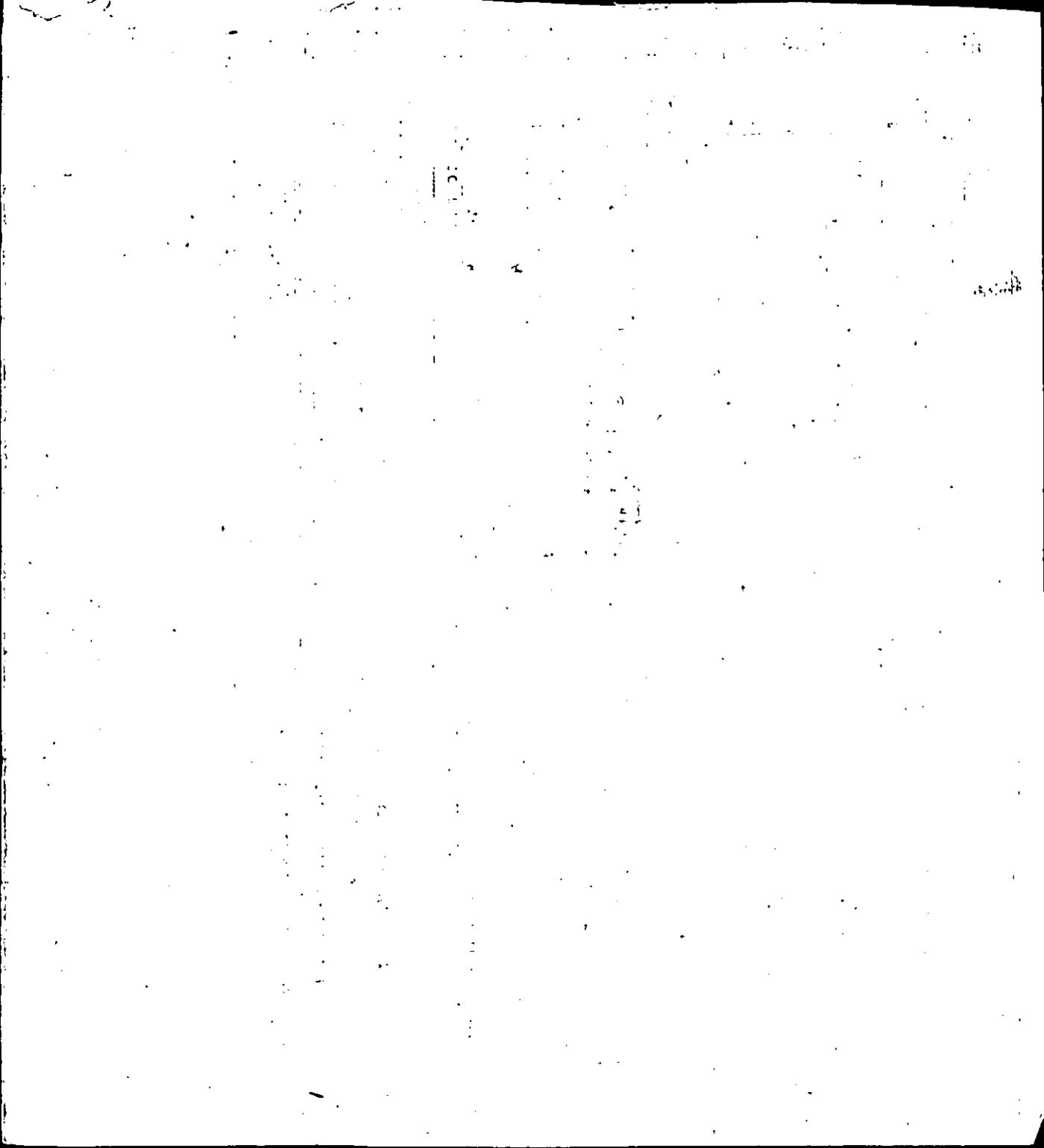
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 27 1934

2-1-35

RD

STATE DEPARTMENT OF HEALTH—THIS IS A PERMANENT RECORD.



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaughlin, M. D.,
Special Agent,
Jefferson City, Mo.

#2

Person

15500

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mollie McCullough
Who died at _____ on April 5 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Pneumo pneumonia

Other contributory causes of importance fracture hip

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 28, 1934

Where did injury occur? at her home
(Specify city or town, county and State)

Specify whether injury occurred in home, in industry, in home, or in public place.

Manner of injury fell down

Nature of injury fracture of hip

Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

Name of physician W. S. Love

Address of physician Newada, Mo.

Signature of Registrar W. P. G. Earl

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 872

Primary Reg. Dist. No. 6156

Very truly yours,
E. T. McLaughlin
S. C.

Special Agent.

~~AT~~ H

5-15500

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