

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

Do not use this space.

**1. PLACE OF DEATH**

County Callaway,  
Township Liberty  
City Lincoln (No. A)

Registration District No. 102  
Primary Registration District No. 3163

File No. 19673  
Registered No. 337  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 16th, 1860

| 7. AGE | YEARS     | MONTHS    | DAYS      | IF LESS than 1 day, .....hrs. or .....min. |
|--------|-----------|-----------|-----------|--|
|        | <u>73</u> | <u>11</u> | <u>15</u> |  |

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Merchant, 758

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) Ill

MOTHER 13. NAME Jacob McVey,

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

15. MAIDEN NAME Mary Hollis,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio,

17. INFORMANT Mrs. L. A. McVey,  
(ADDRESS) Hatton, Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE McCredie, Mo, DATE June, 3rd, 1934

19. UNDERTAKER Herndon-Taylor Furn-Co,  
(ADDRESS) Fulton, Mo,

20. FILED 6/27/1934 A. G. Thomas  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1934

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 1934

I last saw him alive on May 31, 1934. Death is said to have occurred on the date stated above, at 8, 10 A. M.

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

Arterio Sclerosis Date of onset \_\_\_\_\_

97 9562

Other contributory causes of importance \_\_\_\_\_

Cardio Renal syndrome

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Chinical Was there an autopsy? No

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) [Signature] M. D.

(Address) Fulton, 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.

