

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis Co. Registration District No. 789 File No. 26314
 Township Central Primary Registration District No. 6033 Registered No. 208
 City Clearyton (No. _____) St. _____ Ward _____

2. FULL NAME

Marshall McAttee
 (a) Residence, No. 6721 Stratford St. _____ Ward _____
 (Usual place of abode) One town (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 Joseph McAttee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1897

7. AGE	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>37</u>	<u>4</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

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) Indiana

FATHER

13. NAME Wm Tindle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER

MAIDEN NAME Don't know

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Joseph McAttee
 (ADDRESS) 6721 Stratford Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 7-14-34

19. UNDERTAKER Premont and Co
 (ADDRESS) 3710 N Grand Blvd

20. FILED 7-14-34 1934 W. Baehner
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12-1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1934, to July 12th, 1934
 I last saw her alive on 7-12-34 Death is said to have occurred on the date stated above, at 10:10 p.m.
 The principal cause of death and related causes of importance were as follows:
 1. Ovarian cyst - twisted pedicle
 2. Intestinal obstruction
 3. Fecal fistula? 12:15
 4. 5:45
 Other contributory causes of importance: malnutrition
 Date of onset 12-25

Name of operation Oophorectomy Date of 4-25-34
 What test confirmed diagnosis? Operation Was there an autopsy? yes

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? no
 If so, specify _____
 (Signed) T. R. Usher M. D.
 (Address) St. Louis County, Mo

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.

AUG 17 1934

This was not a pyogenic
infection, but a condition
developing from subcutaneous
abscesses following operation
for twisted ovary, etc.

:

J. R. Asher

St Louis Co

WASHINGTON

208

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: Maybell McAttee
Who died at _____ on July 12 - 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 37 Months 4 Days 16

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) Quarian cyst (simple non malignant)

Birthplace of father (State or country) _____

Birthplace of mother (State or country) Intestinal obstruction

Principal cause of death: fecal fistula

Other contributory causes of importance malnutrition | 139a

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? _____ 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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar W. Bachmer Date filed _____

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. 789

Primary Reg. Dist. No. 6033

Very truly yours,

E. T. McLaugh M.D.

Special Agent.

S. C.