AUG 29 1934

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

Do not use this space.

File No. 29123

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Prairie
City: Greenwood (No. ..... St. ..... Ward)

Registration District No. 391
Primary Registration District No. 1284

2. FULL NAME: Mary B McClellick

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 27-1866

7. AGE: Years 68 Months 3 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housekeeper
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): Illinois

FATHER
13. NAME: J. J. Wilsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER
15. MAIDEN NAME: Elizabeth McClintock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs Effie Kissel Greenwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood DATE: Aug. 14 1934

19. UNDERTAKER (ADDRESS): W W Hom Pleasant Hill Mo

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934, to Aug 15 1934.
I last saw her alive on Aug 12 1934. Death is said to have occurred on the date stated above, at 3 00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
59	
191	
Other contributory causes of importance:	
Heart	

59

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) O L Conrad, M. D.
(Address) Pleasant Hill Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 397

Township: — Primary Registration District No.: 4234

City: Greenwood (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Mary B. McCullick

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	W

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	3	15	

OCCUPATION

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

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) ~~Ohio~~ Illinoise

FATHER

13. NAME ~~Daniel McCullick~~

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

MOTHER

15. MAIDEN NAME ~~Susan Copeland~~

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Mo. DATE May 30, 1934

19. UNDERTAKER (ADDRESS) Hon Pleasant Hill, Mo.

20. FILED May 31, 1934 Mrs. Sallie E. Hayes Dept. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~Aug 13~~ May 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5, 19.., to May 29, 1934

I last saw him alive on May 29, 1934 Death is said to have occurred on the date stated above, at 6 a.m.

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

~~Meningitis~~ Diabetis Mellitus

Date of onset

Other contributory causes of importance: Heat

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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) C. L. Conrad, M. D.

(Address) Pleasant Hill, Mo.

SUPPLEMENTARY

S-29123