SEP 21 1934

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

Do not use this space.

33926

1. PLACE OF DEATH
County St Francois
Township Perry
City Bonne Terre Mo (No. ..... St. ..... Ward)

Registration District No. 775
Primary Registration District No. 6070

File No. 33926
Registered No. 65

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2. FULL NAME Charles Norman McCabe

(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 Barbara McCabe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1892

7. AGE YEARS 41 MONTHS 11 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
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) Bonne Terre Missouri

FATHER
13. NAME C. F. McCabe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopewell Missouri

MOTHER
15. MAIDEN NAME Fannie French
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Barbara McCabe Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic Cemetery B.T. DATE Sept. 5 1934

19. UNDERTAKER (ADDRESS) Benham Und. Co Bonne Terre Mo

20. FILED 9/5 1934 T. A. Son
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933, to Sept 3, 1934

I last saw him alive on Sept 8, 1934 Death is said to have occurred on the date stated above, at 5:45 P m.

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

Cerebral hemorrhage. Date of onset Sept 8, 1934

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Other contributory causes of importance:

Hypertension 7 mos.

Name of operation ..... 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? ..... 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) N. W. Hawkins, M. D.
(Address) Bonne Terre, 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.

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