

FEB 21 1935

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

Do not use this space.

42438

1. PLACE OF DEATH

County Crawford Registration District No. 230  
Township Benton Primary Registration District No. 5312  
City ~~Clinton~~ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

Julia Francis Magee  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19<sup>th</sup> 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hr. \_\_\_\_\_ min.  
85 6 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Mulberry Grove, Ill

FATHER 13. NAME Lemuel Darrow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collinsville, Ill

MOTHER 15. MAIDEN NAME Hannah Matilda Deach

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

17. INFORMANT Arthur Magee  
(ADDRESS) Cuba Mo R.F.D #2

18. BURIAL, CREMATION, OR REMOVAL PLACE at St. Anthony's DATE Dec. 13<sup>th</sup> 1934

19. UNDERTAKER John H. Mallow  
(ADDRESS) Clinton, Mo

20. FILED Jan 17, 1935 G. G. R. Ferguson  
Registrar

N MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11<sup>th</sup> 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1934, to Dec 9<sup>th</sup>, 1934.  
I last saw her alive on 12/9, 1934. Death is said to have occurred on the date stated above, at 3:09 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Gastric enteritis  
Other contributory causes of importance: Senility

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. H. Chamberlain, M. D.  
(Address) Cuba 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.

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