

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

Do not use this space.

APR 8 1935

4576

1. PLACE OF DEATH

County Callaway Registration District No. 116
Township Shamrock Primary Registration District No. 5166
City _____ St. _____ Ward _____

File No. 315
Registered No. 325
St. _____ Ward _____

2. FULL NAME

(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 Frances H. McCown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1866

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

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) London Co. Mo.

13. NAME Thadus Hanes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Md.

15. MAIDEN NAME Catherine Torreyson

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

17. INFORMANT Fred McCown (ADDRESS) Shamrock Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cemetery DATE 2/13 1935

19. UNDERTAKER Hughes Manpi (ADDRESS) Shamrock Mo.

20. FILED Feb. 13, 1935 Mrs. Ethel Armstrong Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935, to Feb 11, 1935

I last saw him alive on Feb 9, 1935. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Bronchi-Pneumonia Date of onset 2-1-35

1070

Other contributory causes of importance: Arterio-sclerosis ?

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) A. J. Bealant, M. D.

(Address) W. S. Smith, Jr.

