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

Do not use this space.

MAR 22 1935

File No. 4847

Registered No. 45

1. PLACE OF DEATH
County: Daviess
Registration District No. 252
Primary Registration District No. 4152
Township:
City: Jamesport (No. ..... St. ..... Ward)

2. FULL NAME: Fannie McCue

(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: 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: P. S. McCue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 30 - 1873

7. AGE: Years 61 | Months 6 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
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): Jamesport Mo

FATHER
13. NAME: John Perry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER
15. MAIDEN NAME: Elizabeth Conzens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): P. S. McCue Jamesport Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Masons — DATE: Feb 3, 19 35

19. UNDERTAKER (ADDRESS): Morris Robertson

20. FILED: Feb 2, 19 35 Nelle Wiler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 1, 19 35

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1934, to Feb. 1, 1935
I last saw her alive on Feb. 1, 1935. Death is said to have occurred on the date stated above, at 12 4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Intestines	unknown
4 4	

Other contributory causes of importance:

Name of operation: Exploratory Laparotomy Date of: 12-12-34
What test confirmed diagnosis? Microscopic 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) R. V. Thompson, M. D.
(Address) Jamesport, 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.