

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

Do not use this space.

JUL 23 1935

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. _____ St. _____ Ward _____)

Registration District No. 398
Primary Registration District No. 5554

File No. 19622
Registered No. 193

2. FULL NAME

Margaret Eleanor McPherson
(a) Residence, No. 1702 Arlington St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. 10 mos. 13 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 F. R. McPherson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1-1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
82 3 13

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.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Newcastle (STATE OR COUNTRY) Pennsylvania

13. NAME Thomas McPherson

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

15. MAIDEN NAME Jane Armstrong

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

17. INFORMANT Mrs. C. P. Shepherd (ADDRESS) 1702 Arlington

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE June 16, 1935

19. UNDERTAKER Att + Mitchell (ADDRESS) Indep. Mo.

20. FILED 6-18-35 F. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1935

22. I HEREBY CERTIFY, that I attended deceased from Feb 2, 1933 to June 14, 1935

I last saw h. e. alive on June 13, 1935 Death is said to have occurred on the date stated above, at 7:10 A. M.

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

Hypostatic pneumonia
Bronchial Date of onset June 7, 1935

Other contributory causes of importance General arteriosclerosis

Name of operation None Date of _____
What test confirmed diagnosis? None 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) D. Hugh Andrew M. D.
(Address) Independence, 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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