

JUN 24 1935

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

Do not use this space.

20240

1. PLACE OF DEATH

County Safayette  
Township Washington  
City Washington (No.     )

Registration District No. 464  
Primary Registration District No. 5626

File No. 17  
Registered No. 34  
St.      Ward     

2. FULL NAME

(a) Residence, No. 4 St.      Ward.       
(Usual place of abode)

Length of residence in city or town where death occurred 4 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED Widow (OR) WIFE OF W. A. Mc Cain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
78 10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Camden Co. Mo.

13. NAME Samuel Eidson

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

15. MAIDEN NAME Matilda Pippen

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

17. INFORMANT (ADDRESS) Nettie Mc Cain

18. BURIAL, CREMATION, OR REMOVAL PLACE Oreston Mo DATE 6-7 1935

19. UNDERTAKER (ADDRESS) Blivens Sons

20. FILED 6-8-35, 1935 M. E. M. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 - 1935

22. I HEREBY CERTIFY that I attended deceased from June 3rd, 1935, to June 5 -, 1935. I last saw h.s.r. alive on June 5 -, 1935. Death is said to have occurred on the date stated above, at 1:30 P.m.. The principal cause of death and related causes of importance were as follows:

Hypertension Date of onset 7

Other contributory causes of importance 666 B

Name of operation None Date of       
What test confirmed diagnosis? None Was there an autopsy? Yes

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) Jacob W. Ellis, M. D.  
(Address) Mayview 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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