

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

Do not use this space.

JAN 15 1936

38502

1. PLACE OF DEATH

County Barry Registration District No. 992
Township Ozark Primary Registration District No. 5647
City Aurora (No. R.F.D. # 2) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Josie McBride

(a) Residence, No. R.F.D. # 2 Aurora Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T.W. McBride

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-29-1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>49</u>	<u>9</u>	<u>17</u>	

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) Lawrence County
(STATE OR COUNTRY) Missouri

13. NAME Press Sullivan

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

15. MAIDEN NAME Nancy Sullivan

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

17. INFORMANT T.W. McBride
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marionville Mo DATE Dec, 17 19 35

19. UNDERTAKER King Funeral Home
(ADDRESS) Aurora Mo

20. FILED Dec. 17 1935 J. V. Forbes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 16, 19 35

22. I HEREBY CERTIFY, That I attended deceased from Jan 1929, to Dec 16, 1935

I last saw h. er alive on Nov 1, 1935. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:
Ch. Myocarditis Date of onset _____

Other contributory causes of importance:
Several attempts at suicide over several years period including uric acid; eye, cutting throat;

Name of operation _____ Date of _____
What test confirmed diagnosis? Ch. 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 su
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) R. D. Towan, M. D.
(Address) Aurora, 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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