

FEB 19 1936

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

Do not use this space.

2003

1. PLACE OF DEATH

County *Lewis*
Township *La Belle*
City (No.) (No.) St. (No.) Ward

Registration District No. *479*
Primary Registration District No. *4288*

File No. _____
Registered No. _____

2. FULL NAME

Mary Alma McCracken

(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) *Married*

~~Single, Married, Widowed, or Divorced~~
(OR) WIFE OF *C. R. McCracken*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *January 21-1875*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 11 22

OCCUPATION
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. *Keeping Home*
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) *Shelby Co Mo*

FATHER
13. NAME *Frederick M. Fann*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

MOTHER
15. MAIDEN NAME *Francis A. Turner*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Shelby Co Mo*

17. INFORMANT (ADDRESS) *Dr. H. L. McCracken
Lansdown Mo*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *La Belle* DATE *1-15-1936*

19. UNDERTAKER (ADDRESS) *James T. Leader & Sons
La Belle Mo*

20. FILED *1/15-1936* Registrar. *J. L. Bourn*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *January 19-1936*

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 9th*, 1936, to *Jan-13*, 1936.
I last saw him alive on *Jan. 13*, 1936. Death is said to have occurred on the date stated above, at *3:45 P. M.*
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Date of onset *Jan. 9th 1936*

Other contributory causes of importance
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? *Hypocel* 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. H. Pileant*, M. D.
(Address) *La Belle 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.

