

APR 27 1936

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

Do not use this space.

13720

1. PLACE OF DEATH

County

Shelby

Registration District No.

831

Township

Black Creek

Primary Registration District No.

6092

City

(No.

St.

Ward)

2. FULL NAME

Cynthia Eleanor Mc Killip

(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

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

H. W. Mc Killip

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct-24-1846

7. AGE

YEARS

89

MONTHS

4

DAYS

17

If LESS than 1 day,hrs. ormin.

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.

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)

Penn

MOTHER FATHER

13. NAME

John Mc Elhinney

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

Penn

15. MAIDEN NAME

Harriet Smith

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

Penn

17. INFORMANT (ADDRESS)

E. W. Mc Killip
Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

J. B. B. Cemetery

DATE

Mar 12 1936

19. UNDERTAKER (ADDRESS)

E. P. Thompson
Shelbyville, Mo.

20. FILED

Mar 12 1936 Pearl Goe

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar-10-1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct 12 1936 to Mar 10 1936

I last saw h. ev. alive on Mar 10 1936 Death is said

to have occurred on the date stated above, at 9:00 A.M.

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

Acute Yellow Atrophy
of Liver

Date of onset

Other contributory causes of importance:

Influenza

Name of operation

Date of

What test confirmed diagnosis?

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

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?

If so, specify

(Signed)

S. L. Simpson

(Address)

Bethel, 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.

