

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1936

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

Do not use this space.

13822

1. PLACE OF DEATH

County Vernon Registration District No. 875 File No. _____
Township Washington Primary Registration District No. 6162 Registered No. 75
City Wanda (No. _____) St. _____ Ward _____

2. FULL NAME Lucy Elvies McCroy

(a) Residence, No. State Hosp 3 St. _____ Ward. El Dorado Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Sallie E. Orr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-20-1863

7. AGE YEARS 72 MONTHS 8 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm
10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewisburg Tenn

FATHER 13. NAME Harvey Benton McCroy

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

MOTHER 15. MAIDEN NAME Lizza William

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

17. INFORMANT (ADDRESS) R. E. McCroy El Dorado Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE El Dorado Sp. Mart 1936

19. UNDERTAKER (ADDRESS) N. J. Parade Sp. Mart

20. FILED 3-16 1936 M. Eichinger Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-36 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1935, to 3-15, 1936

I last saw him alive on 3-15, 1936. Death is said to have occurred on the date stated above, at 9:50 P. m.

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

Lobar Pneumonia Date of onset 3-14-36

Other contributory causes of importance: Arterio Sclerosis
Senility

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence, fall 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) M. E. Mearns, M. D.

(Address) Nevada Mo. State Hosp 3

