

V.S. No. 2 MARGIN RESERVED FOR BINDING

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.

JUN 26 1936 MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

20495

1. PLACE OF DEATH
 County St. Francois Registration District No. 771
 Township Bismarck Primary Registration District No. 4462
 City Bismarck (No. _____) St. _____ Ward _____

2. FULL NAME Martha Berne McCutcheon
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 11 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29 - 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	1	9	2	

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

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) Bismarck Missouri

13. NAME Joseph L. McCutcheon

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

15. MAIDEN NAME Blanche Samblin

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

17. INFORMANT J. McCutcheon
(ADDRESS) Bismarck Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bismarck Mo. DATE 5/26/36

19. UNDERTAKER E. J. Hill
(ADDRESS) Bismarck Mo.

20. FILED 5/25 19 36 J. W. Gale
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 - 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4 - 1936 to May 25 - 1936
 I last saw her alive on May 24 - 1936 Death is said to have occurred on the date stated above, at 2:57 p. m.
 The principal cause of death and related causes of importance were as follows:
Tuberculous Meningitis
 Date of onset _____

Other contributory causes of importance:
None

Name of operation Laboratory Spruce fluid test Date of _____
 What test confirmed diagnosis? _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. W. Gale M. D.
 (Address) Bismarck Mo.

