JUL 16 1936

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

Do not use this space.

21885

File No.
Registered No.

1. PLACE OF DEATH

County: Andrew — Registration District No.: 13

Township: — Primary Registration District No.: 1010

City: Savannah (No. Dr Nichols' Sanatorium St. Ward)

2. FULL NAME Wm McCue

(a) Residence, No. St., Ward. Seattle Wash (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-5-1863

7. AGE: Years 72 | Months 11 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired farmer
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): May 1933
11. Total time (years) spent in this occupation: 45 yrs.

12. BIRTHPLACE (CITY OR TOWN): unknown (STATE OR COUNTRY): minnesota

FATHER

13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN): unknown (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN): unknown (STATE OR COUNTRY): unknown

17. INFORMANT: R. F. Cater (ADDRESS) Marlin, Wash.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Spokane Wash DATE: June 21 1936

19. UNDERTAKER: Frank A. Bowman (ADDRESS) Savannah Mo.

20. FILED: 6-20 1936 Mrs A R King (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-20 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17 1936 to 6-20 1936, I last saw him alive on 6-20 1936. Death is said to have occurred on the date stated above, at 8 P m.

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

	Date of onset
Acute Myocarditis	3 days
Other contributory causes of importance:	
Carcinoma lower lip and lower left jaw. Primary site unknown	1 yr.

Name of operation: none performed Date of: 6-17-36

What test confirmed diagnosis? Physical 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? No

If so, specify

(Signed) Willard P. Stearns, M. D.

(Address) Savannah 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.