

JUL 16 1936

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

Do not use this space.

21921

1. PLACE OF DEATH

County Barren
Township Lamar
City Lamar

Registration District No. 40
Primary Registration District No. 4024

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Lamar Mo 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 Fe 4. COLOR OR RACE Mo 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 - 1862

7. AGE YEARS 74 MONTHS 10 DAYS 23 If LESS than 1 day, hrs. or min.

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

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 COUNTY) Campbell Bluff Mo

13. NAME H. H. H. H.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mo

15. MAIDEN NAME No record

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

17. INFORMANT (ADDRESS) J. H. Mc Mechan Lamar Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Mo Wash DATE June 3 1936

19. UNDERTAKER (ADDRESS) Mo C. L. Fawcett

20. FILED 6-1 1936 A. J. Jounath Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1936 to JUNE 1, 1936

I last saw her alive on June 1, 1936 Death is said

to have occurred on the date stated above, at 10:09 a.m.

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

Thrombosis L.F. Iliac vein Date of onset May 27-31
Moderate Cardiac Decompensation May '36

Other contributory causes of importance Influenza Mar. 27-31

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 _____, 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) fern T. Bickel, M. D.

(Address) Lamar, 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.

