

AUG 17 1936

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

Do not use this space.

25773

1. PLACE OF DEATH

County *Cape Girardeau*Registration District No. *125*Township *Ward*Primary Registration District No. *3009*City *Cape Girardeau*(No. *6* So. Fountain St.)

File No.

Registered No. *219*

St.

Ward)

2. FULL NAME

Edith M. MacFarland(a) Residence, No. *6**So. Fountain 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)

Married

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

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

April 30, 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*64**2**8*

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)

Rolla Mo.

MOTHER FATHER

13. NAME

Isaac N. McCreary

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

Pa.

15. MAIDEN NAME

Jane Hamib

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

Pa.

17. INFORMANT

S. M. MacFarland

(ADDRESS)

Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Paradise bel

DATE

July 13, 1936

19. UNDERTAKER

(ADDRESS)

*Walthus' Und. Co.**Cape Girardeau Mo.*

20. FILED

7-8 36 J.M. Thompson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 8 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

*July 8, 1936, to July 8, 1936*I last saw him alive on *July 8, 1936* Death is saidto have occurred on the date stated above, at *3:30 P.M.*

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

Cerebral Haemorrhage

Date of onset

at 1:30 P.M. when regained consciousness

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

*All*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)

Paul All... ..

M. D.

(Address)

Cape Girardeau

