

DEC 18 1936

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

Do not use this space.

41067

1. PLACE OF DEATH

County Wichouri
Township subaublean
City subaublean (No.)

Registration District No. 329
Primary Registration District No. 4212-8504

File No.
Registered No. 11
St. Ward)

2. FULL NAME

Jules E. McCracken

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. . 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/10/52

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 4

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) St. Louis Mo.

13. NAME George Chatman

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

15. MAIDEN NAME Ann Ferguson

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

17. INFORMANT Essie McCracken (ADDRESS) subaublean mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Robinson DATE Nov. 15 1936

19. UNDERTAKER R. E. Cheatham (ADDRESS) subaublean mo.

20. FILED Nov. 15 1936 Cliff Monroe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/9, 1936, to 11/13, 1936. I last saw h. ex. alive on 11/13, 1936. Death is said to have occurred on the date stated above, at Ta m.

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

Other contributory causes of importance:
Ascites
Portal obstruction

Name of operation..... Date of.....
What test confirmed diagnosis? Physical ex Was there an autopsy? No

23. If death was due to external cause (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) C. Slaughter, M. D.
(Address) Waublean 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.

