

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.

JAN 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Gasper

Registration District No. 417

File No. 41659

Township West City

Primary Registration District No. 3021

Registered No. 103

City West City (No. , Gene Chuman Hospital St. Ward)

2. FULL NAME Sada Mae Mc Cormick

(a) Residence, No. 207 W. Daugherty St., Ward.

(If nonresident, give city or town and State) Cartersville, Mo.

Length of residence in city or town where death occurred 14 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 American 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6, 1901

7. AGE YEARS 35 MONTHS 0 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION 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) West City, Mo.

MOTHER FATHER 13. NAME Edwin McRay

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

MOTHER 15. MAIDEN NAME Chloe Shaw

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

17. INFORMANT Mrs. Helen Kline (mother) (ADDRESS) Cartersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Duncell Cemetery DATE Dec 1, 1936

19. UNDERTAKER Hedge - Nelson Funeral Home (ADDRESS) West City, Mo.

20. FILED 12-1 19 36 J. L. Carney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1936

22. 6 I HEREBY CERTIFY, That I attended deceased from 6-25 19 36 to 11/29 19 36

I last saw her alive on 11/29, 19 36 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Carcinoma of R Ovary & uterus Date of onset
Primary R. Ovary. Tube

Other contributory causes of importance:

Name of operation Ex Laparotomy Date of 10-30-36
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) R. D. Deschamps, M. D.
(Address) West City, Mo.

