

DEC 30 1936

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

Do not use this space.

42344

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 773Township St. FrancoisPrimary Registration District No. 6018A

File No. _____

Registered No. 202Near City Farmington, Mo.

(No. _____)

St. _____

Ward _____

2. FULL NAME Eliza Rachael McGready(a) Residence, No. Potosi, Missouri

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)
Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 9, 1881

7. AGE

YEARS

55

MONTHS

10

DAYS

If LESS than 1
day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housework9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Potosi
Missouri

FATHER

13. NAME Stephen D. McGready14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Potosi
Missouri

MOTHER

15. MAIDEN NAME Mary E. Denton16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Bismarck
Missouri17. INFORMANT
(ADDRESS)Hospital Records
Farmington, Missouri

18. BURIAL, CREMATION OR REMOVAL

PLACE Potosi, Mo.DATE Nov. 11

19. 36

19. UNDERTAKER
(ADDRESS)J. B. Boyer & Son
Potosi, Missouri

20. FILED

Nov 9, 1936V. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 9, 19 3622. I HEREBY CERTIFY, That I attended deceased from
Sept. 5, 19 33, to November 9, 19 36I last saw h. Dr. alive on November 8, 19 36 Death is saidto have occurred on the date stated above, at 3:20 A.M.

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

Chronic advanced pulmonary tubercu-
losis bilateral and markedly active
with cavities

Date of onset

2 Yrs?

Other contributory causes of importance:

Dementia Praecox
Chronic hypertensive heart disease
Chronic nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis Lab. & Cli. 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) _____

G. Tivis Graves, Jr., M. D.
State Hospital No. 4
Farmington, Missouri

(Address) _____

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.

