

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

Do not use this space.

2522

FEB 8 1937

**1. PLACE OF DEATH**

County Pemscot Registration District No. 656  
 Township Holland Primary Registration District No. 6281  
 City Holland (No. 11) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Hie C. Mc Cormick

(a) Residence, No. Holland St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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 OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-8-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
47 — 15

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
 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) Queensbury N.Y.

13. NAME Chas. S. Mc Cormick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queensbury N.Y.

15. MAIDEN NAME Sue Wittitaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelson Co. N.Y.

17. INFORMANT C. J. Mc Cormick  
 (ADDRESS) Holland

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John DATE 1-25-37

19. UNDERTAKER German Undert Co  
 (ADDRESS) St. John

20. FILED 2-8-37 Tom Bugener  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-1937

I HEREBY CERTIFY that I attended deceased from Dec 1 1936, to Jan 28 1937

I last saw him alive on Jan 23 1937. Death is said to have occurred on the date stated above, at 5 P. m.

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

Passed during worlds war  
Chronic Bronchitis  
Weak Heart  
Regurgitation

Other contributory causes of importance: \_\_\_\_\_

Name of operation none 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) D. C. McLean, M. D.  
 (Address) Holland 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.

WHITE PLAINS, WITH UNFADING INK—THE

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