MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Butler — Registration District No.: 89 — File No.: 5210

Township: — Primary Registration District No.: 3007 — Registered No.: 44

City: Poplar Bluff, Mo (No. ..., ... St. ..... Ward)

2. FULL NAME Mabel Hattie McCormack

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31 - 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	48	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) February 6 - 1937 — 11. Total time (years) spent in this occupation 26 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattin, Missouri

FATHER

13. NAME John Peredoe

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

MOTHER

15. MAIDEN NAME Mollie Gibson

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

17. INFORMANT Burdette McCormack
(ADDRESS) Ellington, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ellington DATE 2/6 37

19. UNDERTAKER Croy Undertakers
(ADDRESS) Ellington, Mo.

20. FILED 2/6 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1937, to Feb. 6, 1937

I last saw h.e.r. alive on Feb. 6, 1937. Death is said to have occurred on the date stated above, at 6:45 p.m.

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

	Date of onset
Uterine hemorrhage post partum	2/6/37

Other contributory causes of importance:

Premature separation of placenta

Name of operation Version Date of 2/6/37

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?

If so, specify

(Signed) H. L. Brandon, M. D.

(Address) Poplar Bluff, 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.