

MAR 18 1937 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

35 County Dunklin
Township Dnd
City..... (No.) St. " " Ward)

Registration District No. 288
Primary Registration District No. 5406

File No. 5763
Registered No.

2. FULL NAME

John D. Mc Cormick
(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olga Mc Cormick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 7 10

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

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) Ill

13. NAME Scott Mc Cormick

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

15. MAIDEN NAME Sarah Mc Cormick

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

17. INFORMANT Robert Mc Cormick (ADDRESS) 2615 1/2

18. BURIAL, CREMATION, OR REMOVAL PLACE Oake Ridge DATE 2/15/37

19. UNDERTAKER General Burial (ADDRESS) 2615 1/2

20. FILED 7 17, 1937 Wheeler Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937, to Feb 14, 1937.

at saw him alive on Feb 14, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Terminal Dysentery
Following Flu

Date of onset 2-5-37

Other contributory causes of importance:
Chr. Nephritis
Chr. Arteriosclerosis 690

Name of operation none Date of.....
What test confirmed diagnosis? flu 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) James L. Coffey, M. D.
(Address) Wasson St. 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.

WHILE WAITING WITH OUT-AGING THIS IS A PERMANENT RECORD

