MAR 29 1937

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

Do not use this space.

File No. 9299

Registered No. 11

1. PLACE OF DEATH

County Webster — Registration District No. 896

Township Grant — Primary Registration District No. 1198

City Marshfield (No. ..... St. ..... Ward)

2. FULL NAME Mahlon C. McBride

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

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	8	2	

OCCUPATION

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) Slade Hill, Va.

FATHER

13. NAME William C. McBride

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slade Hill, Va.

MOTHER

15. MAIDEN NAME x Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Va.

17. INFORMANT Mrs Carrie McBride
(ADDRESS) Marshfield Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marshfield DATE 1/29 1937

19. UNDERTAKER Rex Lanning
(ADDRESS) Marshfield Mo

20. FILED Feb 10 1937 Elizabeth A. Highfill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1932 to Jan. 27 1937

I last saw h. alive on January 27 1937. Death is said to have occurred on the date stated above, at 9:25 P.m.

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

	Date of onset
Pneumonia, Acute, Lobar	1/27/37
108	

Other contributory causes of importance:

Bronchial Asthma, Chronic	Years
Myocarditis, Chronic	"
Anemia, Severe, Secondary	"

Name of operation — Date of —

What test confirmed diagnosis? Clinical 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? No

If so, specify .....

(Signed) O. P. Macdonald, M. D.

(Address) Marshfield, 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.

WRITE PLAINLY, WITH INFRADING INK—THIS IS A PERMANENT RECORD

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