

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

Do not use this space.

MAY 31 1937

File No. **17683**

1. PLACE OF DEATH

County *Saline*
Township
City *Marshall, Mo.* (No. _____) St. _____ Ward _____

Registration District No. **796**
Primary Registration District No. **3038**

Registered No. **71**

2. FULL NAME *Arzelia McCue*

(a) Residence, No. *E. Vest* 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 10 1937*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Benson McCue*

22. I HEREBY CERTIFY that I attended deceased from *Apr 7 1937* to *Apr 10 1937*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May - 12th 1903*

I last saw her alive on *Apr 10 1937*. Death is said to have occurred on the date stated above, at *7:30 A.M.*

7. AGE YEARS *34* MONTHS *11* DAYS *10* If LESS than 1 day, hrs. or min.

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

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

Tobacco poisoning Apr 6/37

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

Other contributory causes of importance: *108*

12. BIRTHPLACE (CITY OR TOWN) *Marshall Mo.* (STATE OR COUNTRY)

13. NAME *Alango Perkins*

14. BIRTHPLACE (CITY OR TOWN) *Mo.* (STATE OR COUNTRY)

15. MAIDEN NAME *Clara Spils*

16. BIRTHPLACE (CITY OR TOWN) *North Marshall Mo.* (STATE OR COUNTRY)

17. INFORMANT *Clara Woods* (ADDRESS) *E. Vest St Marshall, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Fair View (Cem.)* DATE *April 12th 1937*

19. UNDERTAKER *J. H. Ferguson* (ADDRESS) *264 W. North St Marshall, Mo.*

20. FILED *4-12-37* 1937 *Mary Kent* Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? *Chemical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *No* 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) *M. D. _____*
(Address) *Marshall Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

