

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

Do not use this space.

**MAY 31 1937**

17896

1. PLACE OF DEATH  
 1/2 County Webster Registration District No. 896  
 Township High Prairie Primary Registration District No. 6200  
 City (No. St. Ward)

2. FULL NAME Americus B. M<sup>c</sup> Cormick  
 (a) Residence, No. St. Ward. (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 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 Mary E. M<sup>c</sup> Cormick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-13-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 11 8

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) Missouri

MOTHER FATHER  
 13. NAME Johnson M<sup>c</sup> Cormick  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenny  
 15. MAIDEN NAME Mahala George  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn

17. INFORMANT Charles M<sup>c</sup> Cormick  
 (ADDRESS) Seymour Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Liberty Cem DATE April 22, 1937

19. UNDERTAKER Kelley Terrell  
 (ADDRESS) Seymour Mo

20. FILED Apr. 22 1937 Elizabeth Hoffman  
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21 1927

22. I HEREBY CERTIFY, That I attended deceased from Mar 16 - 1927, to Mar 21 1927  
 I last saw h. i. m. alive on Mar 19 1927 Death is said to have occurred on the date stated above, at 2 o'clock m.  
 The principal cause of death and related causes of importance were as follows:  
Influenza & Pneumonia Date of onset:  
Robert Morrison

Other contributory causes of importance:  
108

Name of operation 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?  
 If so, specify  
 (Signed) Robert Morrison M. D.  
 (Address) Seymour 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.

