

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

Do not use this space.

JUN 16 1937

1. PLACE OF DEATH
 1 County Bates Registration District No. 50
 3 Township Primary Registration District No. 3004
 4 City Butler (No. 2) St. Ward
 2. FULL NAME Unnamed Mc Gill
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 19357
 Registered No. 36
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Butler (STATE OR COUNTRY) Mo
 FATHER 13. NAME Thomas & Mc Gill
 14. BIRTHPLACE (CITY OR TOWN) Danville (STATE OR COUNTRY) Mo
 MOTHER 15. MAIDEN NAME Luerlee S Jackson
 16. BIRTHPLACE (CITY OR TOWN) Butler (STATE OR COUNTRY) Mo
 17. INFORMANT Thomas & Mc Gill (ADDRESS) Butler Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Neosho Mo. DATE May 1937
 19. UNDERTAKER Culver (ADDRESS) Butler Mo.
 20. FILED May 15 1937 Thom L Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1937
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
Strepococci
at five months
 Date of onset
 Other contributory causes of importance:
 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? No
 If so, specify L. S. La Hill (Signed) M. D.
 (Address) Butler Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. DO NOT SIGN. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. DO NOT SIGN. PHYSICIANS should state EXACTLY.

