

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH

19 County Cass
Township
2 City Bellton (No. 2)

Registration District No. 148

Primary Registration District No. 4081

File No. 19733

Registered No. _____

St. _____ Ward _____

3. FULL NAME Mary Alice McPherson

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward McPherson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 7 24

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

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) Bellton Mo

13. NAME Thomas Keeney

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

15. MAIDEN NAME Lanann Wade

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

17. INFORMANT (ADDRESS) Jos Lewis Bellton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellton Mo DATE May 26 1937

19. UNDERTAKER (ADDRESS) E. K. George & Sons Bellton Mo

20. FILED 5-26-1937 R. M. Miller Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1915, to May 24, 1937

I last saw him alive on May 24, 1937. Death is said to have occurred on the date stated above, at 8:30 P. m.

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

Cerebral Hemorrhage
Paralysis
per
10-1935

Other contributory causes of importance: 85A

Hyper tension

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) R. M. Miller, M. D.

(Address) Bellton Mo

