

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.

JUN 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Genesee Registration District No. 654
Township Holland Primary Registration District No. 6281
City Holland (No. _____) St. _____ Ward _____

File No. 20917

2. FULL NAME

(a) Residence, No. Holland St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-10-1895</u>				
7. AGE	YEARS <u>41</u>	MONTHS <u>4</u>	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Morganfield, N.Y.</u>				
FATHER	13. NAME <u>Chas. G. McCormick</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dwensboro, N.Y.</u>			
	15. MOTHER'S NAME <u>Vittelow</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>			
	17. INFORMANT <u>C. J. McCormick</u> (ADDRESS) <u>Holland, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ledmond</u> DATE <u>4/19/37</u>				
19. UNDERTAKER (ADDRESS) <u>German Undert Co</u>				
20. FILED <u>6-5-1937</u> <u>Tom Angerer</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18, 1937

22. I HEREBY CERTIFY That I attended deceased from Mo. H. 1927, to Mo. H. 1937
I last saw him alive on May 15, 1937 Death is said to have occurred on the date stated above, at 3:25 AM.
The principal cause of death and related causes of importance were as follows:
J. B. lungs
73
Other contributory causes of importance: none

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 _____
(Signed) D. C. McLean, M. D.
(Address) Holland Mo

