JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County Howard, Registration District No. 378 File No. 23852
Township Richmond. Primary Registration District No. 55-26 Registered No. 40
City (No. 2 St. Ward)

2. FULL NAME William E. Mc Bride,
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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

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 Bertha Mc Bride,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) I2/9th I87I

7. AGE: 65 YEARS, MONTHS: 6, DAYS: 7, If LESS than 1 day, ...hrs. or ....min.

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) Indiana,

FATHER
13. NAME William C.McBride
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana,

MOTHER
15. MAIDEN NAME Delia Lynn,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana,

17. INFORMANT (ADDRESS) Mrs Bertha McBride, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia, DATE 6/I8th 1937

19. UNDERTAKER (ADDRESS) Guy T. Halley Fayette, Mo.

20. FILED July 5, 1937, V. A. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/I6th I937, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1937 to 6-16-, 1937
I last saw him alive on 6-16, 1937 Death is said to have occurred on the date stated above, at 3:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary heart disease	8-1936
Coronary occlusion	6-16-37

Other contributory causes of importance:

94 Pa

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) A. D. Haug, M. D.
(Address) Fayette, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD