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.

AUG 25 1937

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

Do not use this space.

27652

1. PLACE OF DEATH
County Lawrence
Township Springriver
City ..... (No. ..... St. ..... Ward)

Registration District No. 475
Primary Registration District No. 5639

File No. .....
Registered No. .....

2. FULL NAME Samuel Ward McCormack

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary McCormack

6. DATE OF BIRTH (M[illegible]AY, AND YEAR) Nov. 26, 1865

7. AGE: 6 YEARS 71 MONTHS 8 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Mo.

FATHER
13. NAME William McCormack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Virgil McCormack

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Liberty DATE Aug. 10, 1937

19. UNDERTAKER (ADDRESS) Blankenship's Monet - Purdy

20. FILED 8/13, 1937 G. J. Rudig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1937.

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1937, to Aug. 8, 1937
I last saw him alive on Aug. 8, 1937. Death is said to have occurred on the date stated above, at 1:15 A.m.
The principal cause of death and related causes of importance were as follows:

Heart & Respiratory failure
Carcinoma of intestines

Date of onset

Other contributory causes of importance: 46

Name of operation None Date of .....
What test confirmed diagnosis? Physical & Rab findings 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) W. E. Heinlen, M.D.
(Address) Verona, Mo.