SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Phelps
Township Starth Dillon
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 678
Primary Registration District No. 5902

File No. 31480
Registered No. .....

2. FULL NAME Hugh McAteer
(a) Residence, No. County Farm St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. __ mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Divorced

IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bettie McLuck

DATE OF BIRTH (MONTH, DAY, AND YEAR) dont Know

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	81	1	1	

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) 1922
11. Total time (years) spent in this occupation

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cannada

13. NAME dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

INFORMANT (ADDRESS) Ollie Mattlock St James, Mo.

BURIAL, CREMATION, OR REMOVAL
PLACE Mattlock DATE 8-12, 1937

UNDERTAKER (ADDRESS) W. E. Lickliden St James, Mo

FILED 8-15, 1937 Mrs. W. F. Hook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 11, 1937
I last saw him alive on Aug 1, 1937. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

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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 1

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. H. Fulton, M. D.
(Address) St James Mo