

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Harrison
Township Grant
City (No.) (No.) St. Ward)

Registration District No. 341
Primary Registration District No. 5477

File No. 34325
Registered No. 6

2. FULL NAME

Margaret Ann McCleary

(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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Oather McCleary
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 9 5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1937
22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937 to June 9, 1937
I last saw her alive on June 9, 1937. Death is said to have occurred on the date stated above, at 6:50 p.m.
The principal cause of death and related causes of importance were as follows:

Bisphosphite Date of onset 11/35

Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? 76

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County Mo.
13. NAME Russell McCrory
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County Mo.
15. MAIDEN NAME Emma Burton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Mo.
17. INFORMANT Oather McCleary (ADDRESS) Bellevue Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Cemetery DATE June 10, 1937
19. UNDERTAKER Jac E. Wheeler (ADDRESS) Bellevue Mo.
20. FILED 6-12 1937 W. H. D. Dill Registrar.

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) C. M. Pugh D.O. 3 M.D.
(Address) Bellevue 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.

