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

Do not use this space.

File No. 38288

Registered No. 46

NOV 19 1937 2

1. PLACE OF DEATH

County: Monroe

Township:

City: Paris, Missouri (No. , St. , Ward)

Registration District No. 582

Primary Registration District No. 4344

2. FULL NAME: Ralph Ansel McCardie

(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

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 25, 1920

7. AGE: Years 17 | Months 6 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

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): Rock Island Ill.

FATHER

13. NAME: Samuel B. McCardie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co., Mo.

MOTHER

15. MAIDEN NAME: Minnie Orr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Curryville Mo.

17. INFORMANT (ADDRESS): S. B. McCardie Paris, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Salem DATE: OCT 12 1937, 19

19. UNDERTAKER (ADDRESS): Speed & Blakey Paris, Mo

20. FILED: OCT 11 1937, 19 W. C. Payne, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): OCT 11 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1937, to Oct 11, 1937. I last saw him alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 9:55 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Gangrenous Appendicitis with peritonitis | 10-7-37 |

Other contributory causes of importance:

Name of operation: Appendectomy Date of: 10-11-37

What test confirmed diagnosis: Clinically 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) M. C. McMurry, M. D.

(Address) Paris, 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.