

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

Do not use this space.

3361

File No. 6

Registered No. 1

City _____ St. _____ Ward _____

1. PLACE OF DEATH 60 County Mo. Donoh Registration District No. 1149
 Township White Rock Primary Registration District No. 5699
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME Margaret Francis Rae 000
 (a) Residence, No. _____ St. _____ Ward _____
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Rae

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1938, to 1-14 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-28 1906

I last saw him alive on 1-10 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 9 11

Date of onset _____

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

Senescent Rheumatism due to age

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance: _____

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) Donoh Mo

13. NAME Galecki

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Donoh

15. MAIDEN NAME to B

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo B

17. INFORMANT (ADDRESS) Earl Rae

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem. DATE 1-15 1938

19. UNDERTAKER (ADDRESS) _____

20. FILED 1-14-38 Lee A. Corneil Registrar

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 _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) Lee A. Corneil, M. D.

(Address) 167 Pa. Ridge

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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH