DEC'D MAR 15 1938

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

Do not use this space.

6274

1. PLACE OF DEATH
County Callaway 1 Registration District No. 104 File No.
Township Primary Registration District No. 3008 Registered No. 61
City Fulton (No. , St. Ward)

2. FULL NAME William Bell McCracken 262
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy H. McCracken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1858

7. AGE YEARS 79 MONTHS 8 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION
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) D.K.
11. Total time (years) spent in this occupation D.K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER
13. NAME Otho McCracken 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 0

MOTHER
15. MAIDEN NAME Mary McFarland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Nancy H. McCracken Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hillcrest Cemetery DATE Feb 25 1938

19. UNDERTAKER (ADDRESS) Leo G. Wallace Fulton, Mo.

20. FILED Feb 24 1938 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/12, 1938, to 2/23, 1938
I last saw him alive on 2/22, 1938 Death is said to have occurred on the date stated above, at 5 40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas with biliary obstruction & Hemorrhage.	Dec. 1937
46-	

Other contributory causes of importance: Chr. myocarditis

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Henry Durst, M. D.
(Address) 610 County, Fulton, 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.