

DEC'D MAR 25 1938

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

Do not use this space.

8424

1. PLACE OF DEATH

- (a) County Vernon Registration District No. 875
 (b) Township Washington Primary Registration District No. 20169 Registered No. 63
 (c) City Nevada Mo. (d) Street No. State Hospital #3 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 1 yrs. 6 mos. 12 ds. (f) How long in U. S., if of foreign birth? - yrs. mos. ds.

2. PRINT FULL NAME

- Mary McCubbins 215
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1867</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>-</u>
		DAYS
		<u>-</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> 9		
13. NAME _____ 9		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> 9		
15. MAIDEN NAME _____		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____		
17. INFORMANT <u>Records of State Hosp #3</u> (ADDRESS) <u>Nevada, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hospital Cem.</u> DATE <u>Mar 9</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR <u>Allen V. Hays</u> (ADDRESS) <u>Nevada Mo</u>		
20. FILED <u>3/9</u> 19 <u>38</u> <u>Allen V. Hays</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13 1937, to March 5th 1938
 I last saw her alive on March 5th 1938. Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:

<u>Broncho-pneumonia</u>	<u>1938+</u>
<u>Chronic myocarditis</u>	<u>1936+</u>

Other contributory causes of importance: 930

Name of operation none 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? no Date of injury _____, 19____
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. C. Miller M. D.
 (Address) State Hospital #3
Nevada, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....
Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)