

REC'D APR 19 1938

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

10598
Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250
(b) Township _____ Primary Registration District No. 4150
(c) City Gallatin (d) Street No. _____ 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 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Elizabeth McCue 2, 00

(a) Residence, No. Gallatin, Missouri 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 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 Richard M. McCue
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 1 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) Mar. 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Abbington (STATE OR COUNTRY) Illinois

13. NAME Phemster Rodgers
14. BIRTHPLACE (CITY OR TOWN) Unk. (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Tabitha McClung
16. BIRTHPLACE (CITY OR TOWN) Unk. (STATE OR COUNTRY) Virginia

17. INFORMANT Dr. V. R. McCue (ADDRESS) Plattsburg, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Cemetery DATE Mar. 29 1938

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co (ADDRESS) Gallatin, Mo.

20. FILED Mar. 28, 1938 H. A. Hope Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1938

I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to Mar. 27, 1938
I last saw her alive on Mar. 27, 1938 Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of breast Date of onset 1937
50
Other contributory causes of importance: Hypostatic Pneumonia 1938

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) M. A. Smith, M. D.
(Address) Gallatin 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. O. Richesson

or by

Registered Apprentice No., working under my personal supervision.

Signed

L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Missouri

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.)

If this body is not embalmed, above space should be left blank.