

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

Do not use this space.

REC'D APR 15 1938

140957

1. PLACE OF DEATH
JACKSON

48 County **OSAGE**

2¹ Township **BUCKNER**

0 City **BUCKNER**

2 Registration District No. **396**

Primary Registration District No. **4233**

File No.

Registered No.

St. Ward)

2. FULL NAME **(Mrs.) MARGARET ISABEL Mc.CUNE 250**

(a) Residence. No. **BUCKNER MISSOURI** St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **70** yrs. **X** mos. **X** ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **widow**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 22/38**

17.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Mr. Nathaniel McCune. (Deceased)**

I HEREBY CERTIFY, That I attended deceased from **Jan 25 1938**, to **Mar 22 1938**, 1938. I saw her alive on **Mar 22 1938**, and that death occurred, on the date stated above, at **7:15 A.M.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 27, 1851**

7. AGE YEARS **86** MONTHS **7** DAYS **25** If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **retired house wife** (b) General nature of industry, business, or establishment in which employed (or employer) **in her own home** (c) Name of employer **none**

CONTRIBUTORY (SECONDARY) **X**

9. BIRTHPLACE (CITY OR TOWN) **Upper Sandusky** (STATE OR COUNTRY) **OHIO**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH **X**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF **X**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical** (Signed) **John W. Robertson**, M. D.

, 19 (Address) **Buckner, Mo.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

10. NAME OF FATHER **Thos. Glenn Hall**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Jefferson Co.** (STATE OR COUNTRY) **Ohio**

12. MAIDEN NAME OF MOTHER **Nancy Ann Martin**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **same** (STATE OR COUNTRY) **Ohio**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Buckner Hill Cemetery** DATE OF BURIAL **Mch. 24/38**

14. INFORMANT **Mrs. Nora Roth** (Address) **Buckner Mo.**

20. UNDERTAKER **V.M. Reppert No. 2321. Buckner Mo.** ADDRESS

15. FILED **Mar 28 1938** **John W. Robertson** REGISTRAR **358**

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.

Buckner Mo. Mch2.24 1938.

Certified statement-

I prepared for burial the body of Mrs. McCune
as indicated on other side of this statement. My Missouri License
Number is No.2321.

Signed

V. M. Reppert

V M Reppert