

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.

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

Do not use this space.

JUL 12 1938

21115

1. PLACE OF DEATH

County Jackson
Township Wau
City W. E. G. Mo

Registration District No. 399
Primary Registration District No. 1002
(No. Lawrence and Broadway)

File No. _____
Registered No. 2565 Ward _____

2. FULL NAME

(a) Residence No. 3224 Washington 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Ellen McCord</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 24, 1860</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>9</u>
	DAYS <u>—</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	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)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24-38, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
I last saw Deputy Coroner _____, 19____
Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Automobile Trauma
Crushing Injury, Chd. abd.
Pedestrian
Other contributory causes of importance: 210 ft.
Date of onset _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	13. NAME <u>Joe McCord</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Winterson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Winterson</u>
	17. INFORMANT (ADDRESS) <u>Kenneth McCord</u> <u>5908 Terrace W. E. Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>6-27-38</u>
	19. UNDERTAKER (ADDRESS) <u>G. F. O'Connell Co</u> <u>711-6 Broadway</u>
	20. FILED <u>June 26, 38</u> <u>M. M. O'Connell</u> Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Chd. Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-24-38
Where did injury occur? Law (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Walking with red car
Nature of injury Crushing Injury, Chd. abd.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Russell Jensen M. D.
(Address) W. E. Mo

