

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

Do not use this space.

RECD SEP 19 1938

1. PLACE OF DEATH

County Like Registration District No. 689
 Township Duffee Primary Registration District No. 3033
 City Jonestown No. 425 Frankford Road St. _____ Ward _____
2. FULL NAME Mrs Mary Angeline McGadden 213
 (a) Residence, No. 425 Frankford Road 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.

File No. 29745
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed C McGadden
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/23-68
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 : 5 | 14
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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. 1
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport Ill
 13. NAME Cyrus McMullen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Martha Abramson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT M L E McGadden
 (ADDRESS) Rockport Ill.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Taylor Cem Rockport Ill DATE 8/9 1938
 19. UNDERTAKER (ADDRESS) J. Heery
J. Heery Mo
 20. FILED 8/7 1938 J. Heery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/7 1938
 22. I HEREBY CERTIFY, That I attended deceased from 8:2 1938 to 8:17 1938
 I last saw her alive on 8/7 1938. Death is said to have occurred on the date stated above, at 8:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Dysentery
 Date of onset 1 week
 Other contributory causes of importance: Hemiplegia
 Name of operation _____ 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? _____ 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? _____
 If so, specify _____
 (Signed) J. M. Harrison _____, M. D.
 (Address) J. Heery 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.

5215-
M. M. A.
Records closed
3-22-38 (5)

RECEIVED

District Health Officer No. 10

District File Number 12-38-76

Date Filed 9-15-38