

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

36681
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775
 (b) Township Parry Primary Registration District No. 6020-A
 (c) City Bonne Terre (d) Street No. _____
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 81

2. PRINT FULL NAME William Basil McDermott

(a) Residence, No. BONNE TERRE MO. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Paula McDermott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 3 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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)
 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Thomas L. McDermott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

MOTHER 15. MAIDEN NAME Catherine Galvin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Paula McDermott (ADDRESS) Bonne Terre Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leadwood Mo. DATE 10 / 31 1938

19. FUNERAL DIRECTOR (NAME) Benham Und. Co. (ADDRESS) Bonne Terre Mo.

20. FILED Oct. 28, 38 1938 N. W. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17 1938 to Oct. 26 1938
 I last saw him alive on Oct. 26 1938 Death is said to have occurred on the date stated above, at 3:30 A.
 The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis Date of onset 1928
711.?
 Other contributory causes of importance: Secondary anemia 1935

Name of operation None 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) Maxim J. Haw J. M. D.
 (Address) Bonne Terre, 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,

C. J. Claywell

or by

Registered Apprentice No. working under my personal supervision.

Signed

C. J. Claywell

Licensed Embalmer No.

3706

P. O. Address

Conner Street

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.