

REC'D JAN 23 1938

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

Do not use this space.

42156

1. PLACE OF DEATH

County Richmond Registration District No. 20
Township Parkio Primary Registration District No. 4014
City Parkio (No. 1) St. Ward

File No.
Registered No.

2. FULL NAME Jennie McMaster

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 9 - 1863

7. AGE YEARS 75 MONTHS 3 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wannamaker
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orangethorpe Canada

13. NAME Wm McMaster

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

15. MAIDEN NAME Mary A. Kelton

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

17. INFORMANT Mrs. C. W. Vaughn (ADDRESS) Parkio, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE mt. air ga DATE Aug 7 1938

19. UNDERTAKER G. S. Rhoades (ADDRESS) mt. air ga

20. FILED Aug 6 1938 C. W. Vaughn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1938

I HEREBY CERTIFY, That attended deceased from Sept 1 1936 to Aug 6 1938

I last saw h. is alive on Aug 6 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic gastric ulcer with Phlebotomy of splenic vein

Date of onset 1935

Remedy - 11/7/38

Other contributory causes of importance:

Name of operation Autopsy Date of
What test confirmed diagnosis? 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) C. W. Vaughn, M. D.
19 (Address) Parkio, 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.

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