

REC'D FEB 21 1939

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

1582
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township _____ Primary Registration District No. 3086 Registered No. 25
 (c) City Columbia (d) Street No. 1503 East Broadway St. _____
 (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.

2. PRINT FULL NAME

THOMAS McHARG
 (a) Residence, No. 1503 East Broadway St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Madge McHarg
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-19-1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 2 18
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Undertaker
 9. Industry or business in which work was done, as saw mill, bank, etc. Furniture Dealer
 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) Ireland 5

FATHER 13. NAME Arch McHarg 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME Annie McQuers

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

17. INFORMANT (ADDRESS) Thomas McHarg Jr
Columbia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem DATE 2-9-1939

19. FUNERAL DIRECTOR (ADDRESS) Parkers
Columbia, Mo

20. FILED 2/9/39 1939 Allie Selby
Local Registrar. 74

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Feb 7, 1939
 I last saw h. live on 2-7-1939. Death is said to have occurred on the date stated above, at 9:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Central Neurorhage 2-7-39
Hypertension 1938
 Other contributory causes of importance: _____
 Name of operation no Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. no

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify None _____, M. D.
 (Signed) Colvin _____
 (Address) Columbia, 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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STATEMENT BY LICENSED EMBALMER

I, W. V. Phitsakis, Licensed Embalmer No. 3893

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. V. Phitsakis

L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed W. V. Phitsakis

Licensed Embalmer No. 3893

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.)