

MAR 20 1939

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

12356  
Do not use this space.

1. PLACE OF DEATH

(a) County ST LOUIS Registration District No. 784

(b) Township JEFFERSON Primary Registration District No. 117

(c) City WEBSTER GROVES (d) Street No. 102 PLANT St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred 14 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? 55 yrs. mos. ds.

2. PRINT FULL NAME MARTHA ALICE MCLAGAN

(a) Residence, No. 102 PLANT AVE St.  (If nonresident, give city or town and State)

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 (OR) WIFE OF JOHN MCLAGAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY-30-1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>71</u>	<u>7</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME

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) LONDON ENGLAND 4

13. NAME CALEB GREEN 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND 4

15. MAIDEN NAME JANE E. BROWN

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

17. INFORMANT (ADDRESS) Martha A. Lagan 351 Tray Ave. Webster Groves

18. BURIAL, CREMATION, OR REMOVAL PLACE OAK HILL DATE MAR 20 1939

19. FUNERAL DIRECTOR (ADDRESS) Parker and Co Webster Groves Mo

20. FILED MAR 20 1939 W.C. Mayer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1937 to March 17 1939. I last saw her alive on March 17 1939. Death is said to have occurred on the date stated above, at 8:35 a.m. The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus Date of onset 1935

Other contributory causes of importance: 48  
Nephritis

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 No

(Signed) Wm. M. Blanchard, M. D. (Address) Webster Groves Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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,     *C. C. Aldrich*    , Licensed Embalmer No.     1332    

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

    L. E.    

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed     *C. C. Aldrich*    

Licensed Embalmer No.     1332    

**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.)**