

REC'D MAY 10 1939

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

Do not use this space.

13999

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township HarrisonPrimary Registration District No. 1002City Harrison(No. 3030 Harrison)File No. 1753Registered No. 1753

St. _____ Ward _____

2. FULL NAME addie F. McGill(a) Residence, No. 3030 Harrison 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marcellus C. McGill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 12 - 1872</u>		
7. AGE	YEARS	MONTHS
	<u>66</u>	<u>4</u>
		DAYS
		<u>12</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>at home</u>
	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) Tenn13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Marcellus C. McGill
(ADDRESS) 3030 Harrison18. BURIAL, CREMATION, OR REMOVAL
PLACE Osageo Kanate H-26 3919. UNDERTAKER J. J. Matton
(ADDRESS) City20. FILED Apr 26 1939 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24 193922. I HEREBY CERTIFY, That, I attended deceased from 3/27 1939, to 4/24 1939I last saw him alive on 4/24 1939. Death is said to have occurred on the date stated above, at 5:20 a.m.

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

Chronic thrombophlebitis
Uremia

Date of onset

4 yrs3 w

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chronic Was there an autopsy? No23. 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.Manner of injury TraumaNature of injury Trauma24. Was disease or injury in any way related to occupation? No
If so, specify _____(Signed) Dr. Paul H. Hill, M. D.(Address) 3034 Harrison

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

PAPER RESERVED FOR OTHER USES

V. J. 22-36
50M-22-36
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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.

