

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.

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

Do not use this space.

**MAY 18 1939**

14095

1. PLACE OF DEATH Adair Registration District No. 2  
 County Novinger Primary Registration District No. 4004  
 Township Novinger Mo (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 City Novinger Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 95

2. FULL NAME 210 Gary Evans McCabe.  
Novinger Mo.  
 (a) Residence, No. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 1939  
 7. AGE YEARS MONTHS DAYS 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. \_\_\_\_\_  
 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) Novinger Mo

FATHER 13. NAME Bernard McCabe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cainesville Mo

MOTHER 15. MAIDEN NAME Cornelia Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Novinger Mo.

17. INFORMANT (ADDRESS) Bernard McCabe

18. BURIAL, CREMATION, OR REMOVAL PLACE Novinger Mo DATE April 14, 39

19. UNDERTAKER (ADDRESS) Dee Riley Kirksville Mo.

20. FILED Apr. 15, 1939 Spencer L. Freeman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/13 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1939, to Apr 13, 1939  
 I last saw him alive on Apr 13, 1939. 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:  
Pneumonia 7 mos. quaternary Date of onset \_\_\_\_\_

Other contributory causes of importance:  
154  
Mother has tuberculosis

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. S. Gashviller, M. D.  
 (Address) Novinger Mo

RECEIVED

District Health Officer No. 10

District File Number 10-39-786

Date Filed MAY 16 1939