

JUL 13 1939

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

22791
Do not use this space.

1. PLACE OF DEATH

(a) County Key Madrid Registration District No. 647
(b) Township Portage Primary Registration District No. 3806
(c) City Portageville, Mo (d) Street No. _____ 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
211 1/2 MARY SCOTT McBRIDE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>John A. McBride</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>About 47</u>	YEARS	MONTHS
		DAYS
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Searcy County Arkansas</u>		
13. NAME <u>William Scott</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>John A. McBride, R-2, Portageville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Caruthersville, Mo. 6/13/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>La Forge Und. Co. Caruthersville, Mo</u>		
20. FILED <u>June 29 1939 Mary W. Cook Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH 5:50 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1938 to June 12 1939
I last saw her alive on May 25 1939 Death is said to have occurred on the date stated above, at 5 1/2 m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset ?

Other contributory causes of importance:
Pyorrhea alveolaris ?
Septicemia ?
Malnutrition ?

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) John Skilleen M. D.
525 (Address) Portageville, 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.

RECEIVED

District Health Officer No. 2,

District File Number 739-49

Date Filed 7-11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. W. Scherman
Licensed Embalmer No. 4086
P. O. Address Courtsville, M.

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.)

If this body is not embalmed, above space should be left blank.