

1939 JUL 19 1939

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

23356
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
(b) Township 1 Primary Registration District No. 3138
(c) City Marshall (d) Street No. _____ St. _____
(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

WILLIAM M'CELLAND (McCelland)

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6 1905</u>		
7. AGE	YEARS	MONTHS
	<u>34</u>	<u>0</u>
		DAYS
		<u>4</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Labourer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farm</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) <u>Mack Creek Mo.</u>		
FATHER	13. NAME <u>Thos McCelland</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew Co Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Lucy Palmer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mack Creek Mo.</u>	
17. INFORMANT (ADDRESS) <u>Thos McCelland Mack Creek Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Branch, Mo.</u> DATE <u>June 13 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Short & McGray Marshall Mo.</u>		
20. FILED <u>6-12-39</u> <u>Mary Kent</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1939

22. I HEREBY CERTIFY That I attended deceased from held in great, 1939, to June 11, 1939
I last saw h. l. alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance were as follows:
Clot on the brain
Embolicism
Date of onset _____

Other contributory causes of importance: 22 b

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) B. C. Bradshaw M. D.
Address Arrow Rock Mo.
Arrow Rock, Saline Co. 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.

HEALTH DEPARTMENT
SOUTH CAROLINA
COLUMBIA, S. C.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/11/39

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

Licensed Embalmer No. 3153

P. O. Address

Marshall, Mo

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.