

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

32720  
Do not use this space.

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1-3

DEC'D OCT 1 1939

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421  
 (b) Township 1 Primary Registration District No. 4249 Registered No. 70  
 (c) City Festus (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martha M. McCormick

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lawrence McCormick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct., 25th., 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	81	- 10	- 18	

OCCUPATION

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

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) 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Byrnsville (STATE OR COUNTRY) Missouri

FATHER

13. NAME Thomas Byrnes

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) \_\_\_\_\_

MOTHER

15. MAIDEN NAME M. Bowles

16. BIRTHPLACE (CITY OR TOWN) Fenton (STATE OR COUNTRY) Missouri

17. INFORMANT H. McCormick (ADDRESS) Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Mo. DATE 9/15/39

19. FUNERAL DIRECTOR (NAME) Dwester-Vinyard (ADDRESS) Festus Mo.

20. FILED Sept. 15 1939 J. E. Riddleman, D. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/13 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1939, to Sept. 13 1939  
 I last saw her alive on Sept. 13 1939. Death is said to have occurred on the date stated above, at 2:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Paralysis of a two years duration with one stroke following another at intervals of a few months  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Kidneys was bad and arterio sclerosis.

Name of operation none 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) Dr. Ray T. Byrnes, D.C.  
 (Address) 230 1/2 Main St. Festus, Mo.  
Disc # 275

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.

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STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH

**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. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421  
(b) Township Festus Primary Registration District No. 4249 Registered No. \_\_\_\_\_  
(c) City Festus (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Martha M. Mc Cormac  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13-39

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from July 1838 to Sept 13, 1939  
Last seen at alive on at 2:00 PM, 1939 Death is said to have occurred on the date stated above, at 2:00 P.M.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 10 18

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) About July 1938

11. Total time (years) spent in this occupation 75 yrs

Paralysis of a two year duration with one stroke following another at intervals of a few months  
Cerebral hemorrhage type

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:  
Kidneys was bad and arterio sclerosis, this was all. J.W.

FATHER 13. NAME

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

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

MOTHER 15. MAIDEN NAME

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

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 \_\_\_\_\_

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL

PLACE Festus DATE \_\_\_\_\_ 19\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS)

Quester-Vinyard

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Roy T. Beams DC

(Address) Festus Mo

20. FILED \_\_\_\_\_ 19\_\_\_\_ Local Registrar.

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

