

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.

37321

1. PLACE OF DEATH

98 County Schuyler Registration District No. 806
Township Prarie Primary Registration District No. 6051
City Queencity Mo. (No. _____) St. _____ (Ward) _____

File No. _____
Registered No. _____

2. FULL NAME

2 1/2 Dora Ethel McCormack

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Loyd McCormick 24-1892

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13-1939

7. AGE YEARS 47 MONTHS 4 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

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) Oct 20 1939 11. Total time (years) spent in this life occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Queencity Mo.

13. NAME Daniel Edward March

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Greentop Mo.

15. MAIDEN NAME Catherin Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Stall Mo.

17. INFORMANT Mrs W. D. Masters (ADDRESS) Kirkeville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fair Cemetary DATE Nov, 8 1939

19. UNDERTAKER William N. West (ADDRESS) Queencity Mo.

20. FILED 11/18 1939 J. T. Jones 718 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-7-1939

22. I HEREBY CERTIFY, That I attended deceased from Nov-6-1939 to Nov-7-1939
I last saw him alive on Nov-6-1939 Death is said to have occurred on the date stated above, at 2 P. m.

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

Cardiac Hypertension Date of onset _____

J. H.

Other contributory causes of importance: Cerebral Hemorrhage

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? L 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) R. R. Ellis M. D.

(Address) Arkville, Mo.

By Oliver B. Jones Deputy

The Boddy on other side Was Cared For ,
By William N. West # Holder Of Lichs^oNo2882

RECEIVED

District Health Officer No. 10

District File Number 11-39-2027

Date Filed NOV 18 1939