

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

40970

1. PLACE OF DEATH

County Shannon Registration District No. 83  
Township Burch Tree Mo Primary Registration District No. 4464  
City Burch Tree Mo (No. 57) St. Burch Tree Mo Ward

2. FULL NAME

(a) Residence, No. Burch Tree Mo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Alice McLellan

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 - 1880

7. AGE YEARS 59 MONTHS 9 DAYS 2 If LESS than 1 day, .....hrs. or .....min.

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

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) Alabama

13. NAME Wiley McLellan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Nancy Little

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

17. INFORMANT (ADDRESS) Wiley McLellan  
Burch Tree Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery Mo DATE Dec 1 1939

19. UNDERTAKER (ADDRESS) St. Burians  
Montgomery Mo

20. FILED Dec 1 - 1939 Frank Hyde MD  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1939, to Nov 29, 1939  
I last saw him alive on Nov 29, 1939 Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Angina Pectoris  
Date of onset 11/29

Other contributory causes of importance:  
acute indigestion

94 W

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) R. D. Davis, M. D.  
(Address) Burch Tree 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.

RECEIVED

District Health Officer No. 5,

District File Number 1234510

Date Filed 12 20 39