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.

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

Do not use this space.

1. PLACE OF DEATH
County McDonald
Township Prairie
City Southwest CityR#1 (No. ..... St. ..... Ward)
Registration District No. 315
Primary Registration District No. 5687
File No. 7278
Registered No. .....

2. FULL NAME Levi Thomas McBride
(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 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Martha Ann Marney McBride
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June Ioth 1857
7. AGE Years 79 Months 11 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Farming and Stock Raising
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County, Missouri

FATHER
13. NAME McBride
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S

MOTHER
15. MAIDEN NAME Margaret Malinda Garret
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S

17. INFORMANT (ADDRESS) George McBride Southwest City Mo R#1
18. BURIAL, CREMATION, OR REMOVAL
PLACE Southwest City Cemetery DATE May 30th 1937
19. UNDERTAKER (ADDRESS) Lane Burial Assn Mann Cley
20. FILED 5/29 1937 John J. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29th 1937
22. I HEREBY CERTIFY, That I attended deceased from February 16th 1937 to May 29th 1937, 19..
I last saw him alive on May 15th 1937. Death is said to have occurred on the date stated above, at 8.15 A. M.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Arterio-Schlerosis
Date of onset
Other contributory causes of importance:
Chronic Nephritis
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) G V Poynor, M. D.
(Address) Southwest City Missouri