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E> JUN 13 1940

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

Do not use this space.

19768

1. PLACE OF DEATH

County Taney  
Township Big Creek  
City Proteron

Registration District No. 858  
Primary Registration District No. 6121e

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 369 Dray McCord St. mo Ward. \_\_\_\_\_  
(Usual place of abode) Proteron (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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-18-72-12-16

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 7 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Lead Hill Ark

13. NAME David McCord

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

15. MAIDEN NAME Mary Francis King

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

17. INFORMANT (ADDRESS) Sadie Hopper

18. BURIAL, CREMATION, OR REMOVAL PLACE Proteron DATE mo. 5-27 1940

19. UNDERTAKER (ADDRESS) M. P. Evans  
Proteron Mo.

20. FILED 6-3 1940 Maonita Dwick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-1940

22. I HEREBY CERTIFY, That I attended deceased from 7-1- 1938, to 5-26- 1940

I last saw her alive on 5-26- 1940 Death is said to have occurred on the date stated above, at 60 m.

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

Epilepsy for 54 years Date of onset \_\_\_\_\_

Other contributory causes of importance: File

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

What test confirmed diagnosis? none 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) Tom Callen M. D.

(Address) Proteron 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1941