

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.

THIS IS A PERMANENT RECORD

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

Do not use this space.

36723

1. PLACE OF DEATH

County Licking Stn
Township Chillicothe
City Chillicothe (No. _____)

Registration District No. 508
Primary Registration District No. 3026

File No. _____
Registered No. 244
St. _____ Ward _____

2. FULL NAME

Mary Margaret Smith

(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) Widowed

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

Jack Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 13 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 6 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Licking Stn.

PARENTS

10. NAME OF FATHER Stephen M. McCormick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wesington

12. MAIDEN NAME OF MOTHER Charlotte Sumner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Christon County

14.

INFORMANT John S. McCormick
(Address) Chillicothe Mo.

15.

FILED 11/12 1930 Reuben Barney REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 11th 1930

17. I HEREBY CERTIFY, That I attended deceased from 11.00 2 1930, to 11.11 1930, that I last saw him alive on Nov. 10, 1930, and that death occurred, on the date stated above, at 3.00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(Bronchial Pneumonia)

CONTRIBUTORY (SECONDARY)

1000 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. S. Duwell M. D.

11/12 1930 (Address) Chillicothe Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Frank Edge Wood

DATE OF BURIAL

Nov. 12th 1930

20. UNDERTAKER

R. M. Marshall

ADDRESS

Chillicothe Mo.

