

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

Do not use this space.

**19541**

File No. \_\_\_\_\_  
Registered No. 12 / 12 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Henry  
Township Sequoyia  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 382  
Primary Registration District No. 5493

**2. FULL NAME**

Margaret McBride  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James A. McBride</u>		
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. - 4 - 1851</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>3</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>		11. Total time (years) spent in this occupation
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)		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1933  
22. I HEREBY CERTIFY That I attended deceased from January 12, 1933 to June 3, 1933.  
I last saw her alive on June 2, 1933. Death is said to have occurred on the date stated above, at 8:30 P.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
936  
P. B.  
Other contributory causes of importance:  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>David Dodds</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	15. MAIDEN NAME <u>Martha J. Shirley</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
FATHER	17. INFORMANT (ADDRESS) <u>Martha J. Cummings</u> <u>Bolivar, Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL <u>Mountain View</u> DATE <u>June 5, 1933</u>
	19. UNDERTAKER (ADDRESS) <u>Forrest Lee</u> <u>Appleton City, Mo</u>
	20. FILED <u>June 4, 1933</u> <u>J. M. Miller</u> Registrar.

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) R. J. Smith, M. D.  
(Address) Appleton City

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.

JUN 22 1933

MARGIN RESERVED FOR BINDING

V. S. NO. 2

