

OCT 23 1930

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

Do not use this space.

29040

1. PLACE OF DEATH

County Madison
Township Southview
City Merico, Mo (No. _____)

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 77 123
St. _____ Ward _____

2. FULL NAME

Robert A. McCord

(a) Residence. No. 207 E. White 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 17, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 ' 10 6

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Satan (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Audrain County Mo (STATE OR COUNTRY)

10. NAME OF FATHER Thomas McCord

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

12. MAIDEN NAME OF MOTHER Mary Canterbury

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

14. INFORMANT (Address) Alice McCord

15. Sept 24 1930 Merico Mo Dr. S. M. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 23 1930

17. I HEREBY CERTIFY. That I attended deceased from Sept 20 1930 to Sept 23 1930 that I last saw him alive on Sept 23 1930, and that death occurred, on the date stated above, at 6 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endo Encephalitis
97 B
90 W (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____ WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) S. F. Tolson M. D. 19 (Address) Merico 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 DATE OF BURIAL Elmwood, Merico Mo Sept 25 1930

20. UNDERTAKER ADDRESS H. A. Pugh & Son Merico 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.

