MAR 27 1930

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

Do not use this space.

5354

File No.

Registered No.

1. PLACE OF DEATH

County Jasper Registration District No. 408

Township ~~Madison~~ Marion Primary Registration District No. 3820

City Carthage (No. Harvard St. St. Ward)

2. FULL NAME Milton McDermit

(a) Residence. No. Carthage R. 8 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Mail	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15/1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
78	4	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(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) Ohio.

PARENTS
10. NAME OF FATHER Wm McDermit.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT Mary E. McDermit.
(Address) Carthage R. 8

15. FILED 2/15, 1930 E. N. Hutchison
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1930, to, 19, that I last saw h. l. m. alive on dead 2-13, 1930, and that death occurred, on the date stated above, at 3:20 P.m.,

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy; most probable I never saw the man until after he fell; He was dead when I examined him (duration) 30 minutes yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis & Hypertension (from History) (duration) 5 yrs or more yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Hard arteries, History
(Signed) C. D. Hatcher, M. D.
, 19 (Address) Carthage 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
Park Cemetery	2/15 1930
20. UNDERTAKER	ADDRESS
Ulmer - Drake	Carthage

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.