

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

Do not use this space.

42849  
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**1. PLACE OF DEATH**

County Shannon

Registration District No. 825

Township Montier

Primary Registration District No. 6085

City

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME** Vandy May McCann

(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**

F

**4. COLOR OR RACE**

White

**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)** Dec 13-32

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

7

**OCCUPATION**

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**

**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)** Missouri

**FATHER**

**13. NAME** George McCann

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Missouri

**MOTHER**

**15. MAIDEN NAME** Alice May Aldridge

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

**17. INFORMANT (ADDRESS)** Mary Sinter Montier Mo

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Montier Cem DATE Dec 22 1933

**19. UNDERTAKER (ADDRESS)** R. D. Doughten

**20. FILED** 12-30 1933 O. Butcher Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Dec 21 1932

**22. I HEREBY CERTIFY, That I attended deceased from**

\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Unknown

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**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?**

If so, specify \_\_\_\_\_

(Signed) R. J. Davis, M. D.

(Address) Burch Tree Mo

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.

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