

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.

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

Do not use this space.

JUN 13 1935

16149

1. PLACE OF DEATH  
 County Greene Registration District No. 318 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. \_\_\_\_\_  
 City Springfield (No. 608 S. Jefferson) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME John Mc Caughy  
 (a) Residence, No. 608 S. Jefferson St., \_\_\_\_\_ Ward. \_\_\_\_\_ (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 M 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 \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 1894  
 7. AGE YEARS 41 MONTHS 1 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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) Rock Hill, Ohio  
 13. NAME John Mc Caughy  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 15. MAIDEN NAME Christiana  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.  
 17. INFORMANT Rev. Fred M. Bailey (ADDRESS) Springfield, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE OF INTERMENT (CITY OR TOWN) (STATE OR COUNTRY) St. Paul's Church DATE June 10 1935  
 19. UNDERTAKER (ADDRESS) Springfield, Mo.  
 20. FILED 5-2 19 35 John Mc Caughy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8 1935  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him alive on 6-8, 1935. Death is said to have occurred on the date stated above, at 2 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Sclerosis  
 Other contributory causes of importance \_\_\_\_\_  
 Date of onset \_\_\_\_\_  
 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Chas. A. Georg, Coroner, M. D.  
Springfield, Mo.

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