

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

FILED SEP 14 1946

27677 99

1. PLACE OF DEATH

County Lincoln Registration District No. 185  
 Township Parson Creek Rural Primary Registration District No. 5692  
 City Marionville (No. 3) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 32  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jerry P. Edburns McGrew

(a) Residence, No. McLean Kansas St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estelade Ann McGrew

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

7. AGE YEARS 67 MONTHS 6 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood cutter  
 10. Date deceased last worked at this occupation (month and year) May - 1945 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co Mo

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Luia Reynolds (ADDRESS) Marion Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER Burney (ADDRESS) Marion Kansas

20. FILED Aug 8 1946 Chris A. Martens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 19 46

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1946, to Aug 8 1946

I last saw h. W alive on Aug 8 1946. Death is said to have occurred on the date stated above, at 3.30 P.M.

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

Coronary occlusion  
Chronic Myocarditis

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) E. D. Blair M. D.  
 (Address) Marionville 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.

26516

OCT 25 1957

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**