

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

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

Do not use this space.

937

## 1. PLACE OF DEATH

County Hickory  
Township Tyler  
City (No. ....) St. .... Ward .....Registration District No. 7037  
Primary Registration District No. 5516File No. ....  
Registered No. ....2. FULL NAME Virginia McCracken(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1, 3 1944</u>		
7. AGE	YEARS	MONTHS
	<u>8.5</u>	<u>1</u>
		DAYS
		<u>4</u>
		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) <u>MO</u>		
FATHER	13. NAME <u>William Coon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Unkn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unkn</u>	
17. INFORMANT (ADDRESS) <u>W. T. McCracken</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Staff County</u> DATE <u>Jan 8</u> 19 <u>39</u>		
19. UNDERTAKER (ADDRESS) <u>Ralph J. Smith</u>		
20. FILED <u>1 8</u> 19 <u>39</u> <u>H. R. Marshall</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1939

22. I HEREBY CERTIFY that I attended deceased from Jan 1931, to Jan 7 1939. I last saw her alive on Dec 6 1938. Death is said to have occurred on the date stated above, at 3a m. The principal cause of death and related causes of importance were as follows:

Advanced Arteriosclerosis  
Cerebral Paralysis  
left side 3 yrs ago.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Autopsy Was there an autopsy? no

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) R. Newins, M. D.  
(Address) Sumnersville, Mo.