

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

Do not use this space.

1. PLACE OF DEATH

County Ray Registration District No. 914
 Township Grapegrove Primary Registration District No. 6233-
 City Richmond R.F.D. (No. _____) St. _____ Ward _____

File No. 41255
 Registered No. 11

2. FULL NAME Edward Price Mc Cuiston

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Divorced, specify the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joan Mc Cuiston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 22 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 9 3

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

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) Ray Co Missouri. /

FATHER 13. NAME Ed. A Mc Cuiston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 2

MOTHER 15. MAIDEN NAME Susan Berry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. /

17. INFORMANT Chas. Mc Cuiston
 (ADDRESS) Richd Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Hope Cem. DATE 12/27/32 19

19. UNDERTAKER C. M. Jones
 (ADDRESS) Richd Mo.

20. FILED Dec 27 1932 H. C. Hart
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1932 to Dec 25 1932

I last saw him alive on Dec 24 1932 Death is said to have occurred on the date stated above, at 11 a.m.

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

Tobacco Pneumonia Date of onset _____

Other contributory causes of importance: ①

Name of operation _____ Date of operation _____
 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) P. D. Greene M. D.

(Address) Richmond 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.

