

JAN 24 1938

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. 74d  
Township Richmond Primary Registration District No. 3035  
City Richmond (No. ....) St. .... Ward)

File No. 46477  
Registered No. 97

2. FULL NAME Giennora McGaugh

(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 Fe 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 Olie McGaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
46 10 19

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

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. Mo.

13. NAME James Thomson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray, Co. Mo.

15. MAIDEN NAME Anna Fator

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT LeRoy McGaugh,  
(ADDRESS) Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Richmond, Mo. DATE 12/19/37

19. UNDERTAKER Brothers-Joiner  
(ADDRESS) Richmond Mo.

20. FILED 1/10 1938 Mary McDonald  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1937 .1937

22. I HEREBY CERTIFY, That I attended deceased from Tue 1937 to Wed 1937

I last saw her alive on Oct 17 1937 Death is said

to have occurred on the date stated above, at 12<sup>20</sup> p.m.

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

Coronary thrombosis Date of onset

Other contributory causes of importance:

Embolic

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) P. D. Green M. D.

(Address) Richmond 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.

