

APR 26 1937

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

Do not use this space.

13175

1. PLACE OF DEATH

County Ray co
Township Richmond
City Rayville (No. _____, St. _____, Ward _____)

Registration District No. 744
Primary Registration District No. 59160

File No. _____
Registered No. _____

2. FULL NAME

Vesta Maramore McHough
(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*) married

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

Clarence McHough6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 6 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 mos. wife
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 co13. NAME J. B. Maramore14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayville, Mo15. MAIDEN NAME Clara Carpenter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton, Mo17. INFORMANT J. B. Maramore (ADDRESS) Rayville, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Rayville DATE 1/17/37 1919. UNDERTAKER C. M. Goren (ADDRESS) Richmond, Mo20. FILED Apr. 10 37 Tracy B. McDaniel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 P. m.

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

Pneumonia T.B. Date of onset _____

This woman was dead when I reached her house but no doubt she had T.B.

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? no

If so, specify _____

(Signed) R. D. Goren, M. D.(Address) Richmond, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

