FILED JUL 15 1940

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

23092
Do not use this space.

1. PLACE OF DEATH
(a) County Wayne — Registration District No. 8 9 1 — Registered No. 13
(b) Township Greenstone — Primary Registration District No. 6 1 9 1
(c) City [illegible] (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. (f) How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. PRINT FULL NAME 265 JULIA ANN McCORMICK
(a) Residence, No. Piedmont — Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: F. T. McCormick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 9, 1877
7. AGE — YEARS: 62 — MONTHS: 9 — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: /
9. Industry or business in which work was done, as saw mill, bank, etc.: Housemaid
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): Wayne County Missouri

FATHER
13. NAME: George H. Kime
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wayne Co. Missouri

MOTHER
15. MAIDEN NAME: Ann Simkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): F. T. McCormick Burnat Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ves Cem. DATE May 27 1940

19. FUNERAL DIRECTOR (ADDRESS): [illegible]

20. FILED 6-26-1940 I. C. Pile M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1939, to May 23, 1940
I last saw h[illegible] alive on May 22, 1940 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
46	

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? Yes
If so, specify /
(Signed) [illegible] M. D.
(Address) Piedmont 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.

(Licensed Embalmer's Statement on Reverse Side)