

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.

68  
2-1-27

APR 25 1934

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

Do not use this space.

9751

1. PLACE OF DEATH

County Moniteau  
Township Walker  
City California

Registration District No. 571  
Primary Registration District No. 4935

File No. \_\_\_\_\_  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

George Brenton McCaig

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 11 27

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

13. NAME Robt McCaig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Elizabeth Isenbrey

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

17. INFORMANT (ADDRESS) Mrs George McCaig  
California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Town Bur DATE 3/29 1934

19. UNDERTAKER (ADDRESS) Helligers & Friedmayer  
California Mo

20. FILED 3-28-1934 H. R. Poppy Registrar.

MEDICAL CERTIFICATE OF DEATH

(9)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934, to March 27, 1934

I last saw him alive on March 27, 1934 Death is said to have occurred on the date stated above, at 7:45 p. m.

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

Amputated fracture 3rd 4th  
of 5th ribs (Right) chest  
and chest.

Other contributory causes of importance: 1865  
1913

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.

C. W. a work  
Manner of injury same date above in -  
Nature of injury crush - chest & chest

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) George McCaig, M. D.  
(Address) California Mo

Date of onset  
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