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.

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

Do not use this space.

16102

File No. .....

Registered No. 16

1. PLACE OF DEATH

County St Charles

Township Cuivre

City Wentzville (No. ..... St. ..... Ward)

Registration District No. 759

Primary Registration District No. 6000

2. FULL NAME John Thomas Jackson McClain

(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 30 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 (write the word): Single

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

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

7. AGE: Years 62 | Months 6 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farm
(b) General nature of industry, business, or establishment in which employed (or employer): Farming
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gilmore
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER David McClain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bellville
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Sapp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bellville
(STATE OR COUNTRY) Ohio

14. INFORMANT Harry McClain
(Address) Wentzville Mo

15. FILED ....., 19..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

45F Carcinoma of Throat

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hemorrhage from Carotid artery

(duration) ..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? yes. DATE OF several yr Then

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Otto B. Ich coroner, M. D.

, 19 (Address) St Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Wentzville, Mo.

DATE OF BURIAL: May 30 1927

20. UNDERTAKER: T. E. Pittman

ADDRESS