

OCT 25 1927

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

Do not use this space.

26779

1. PLACE OF DEATH

County Clay  
Township Washington  
City Excelsior

Registration District No. 1.98  
Primary Registration District No. 3011

File No. \_\_\_\_\_  
Registered No. 113  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. Excelsior ave 412 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary G. Le Clare

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7 - 1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 11 23

8. OCCUPATION OF DECEASED  
(a) Trade, profession, particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employee) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Francis Le Clare

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Un Known

12. MAIDEN NAME OF MOTHER Un Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Un Known

14. INFORMANT (Address) Mrs Mary G Le Clare Excelsior

15. FILED 9/30 19 27 J. H. Crauer REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-30 1927

17. I HEREBY CERTIFY That I attended deceased from 9-27 to 9-30 1927 that I last saw him alive on 9-30 1927, and that death occurred, on the date stated above, at \_\_\_\_\_

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Apoplexy

CONTRIBUTORY (SECONDARY) Interosclerosis (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 13 da. Heart Know (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE AS DISEASE CONTRACTED \_\_\_\_\_ NOT AT PLACE OF DEATH? at place of death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ (Signed) J. H. Crauer, M. D. \_\_\_\_\_, 19 \_\_\_\_\_ (Address) Excelsior & Regs Mo

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

19. PLACE OF BURIAL CREMATION, OR REMOVAL Crown Hill Excelsior Mo DATE OF BURIAL Oct 2 1927

20. UNDERTAKER John C Prasher ADDRESS Excelsior

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Cause of death should be carefully supplied.

