

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

Do not use this space.

6970

1. PLACE OF DEATH

County..... Registration District No. 797
Township..... Primary Registration District No. 3
City St. Louis (No. Union Station)

File No.....
Registered No. 1935
St. Ward

2. FULL NAME

George F. McClain
(a) Residence. No. St. 25 Ward. Williamsville Mo
(Usual place of abode)

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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-3-1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 9 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Sam McClain

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

12. MAIDEN NAME OF MOTHER Nancy Miller

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

14. INFORMANT Francis McClain
(Address) Bonville Mo

15. FILED 22 1935 Mar 6 Starceff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 21 19 28

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h. alive on 19....., and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Coronary Sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED F.M.A.

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kerner M.D.
2/27/28 (Address) Deputy Coroner

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Williamsville Mo. DATE OF BURIAL 2-23 1928

20. UNDERTAKER Southern U.L.C. ADDRESS 7315 S. Broadway

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.

PERMANENT RECORD

