

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

Do not use this space.

8819

1. PLACE OF DEATH

County Jackson
Township Kear
City K. C. Mo

Registration District No. 399
Primary Registration District No. 1002
(No. 1752 Summit)

File No. _____
Registered No. 950
St. _____ Ward _____

2. FULL NAME

Wm H McClain
(a) Residence, No. 1752 Summit St. _____ Ward _____
(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 Katherine McClain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-12-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 4 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired 131
(b) General nature of industry, business, or establishment in which employed (or employer) none 828
(c) Name of employer none 97

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

10. NAME OF FATHER John McClain

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

12. MAIDEN NAME OF MOTHER Margaret Rutter

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

14. INFORMANT Mrs Katherine McClain
(Address) 1752 Summit

15. FILED 3/4 28 M M. Coe REGISTRAR
19 28

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 1 1927 to Mar 3 1928 that I last saw him alive on Mar 3 1928 and that death occurred, on the date stated above, at 213 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis & chronic angina
129A
Senile yrs. mos. ds.
CONTRIBUTORY Arteriosclerosis & hypo
(SECONDARY) Arteriosclerosis (duration) yrs. mos. ds. 5

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X

0 DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Findings from autopsy
(Signed) Franklin S. Speed, M. D.
3/9/28 (Address) 6208 West 11th

*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 Mt. St. Mary Cem DATE OF BURIAL Mar 5 1928

20. UNDERTAKER A. P. Lochler ADDRESS 1415 E 15

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.

