WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

15013

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3929

City St. Louis (No. 4396 A Gibson av St. ..... Ward)

2. FULL NAME Clyde E. McNabb

(a) Residence. No. 4396 A Gibson av St., 18 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Oli McNabb

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 20th 1890

7. AGE: Years 37 | Months H. | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Horse Shoer
(b) General nature of industry, business, or establishment in which employed (or employer): Employe
(c) Name of employer: Pavely Dairy Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sullivan Mo

PARENTS
10. NAME OF FATHER: James McNabb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland
12. MAIDEN NAME OF MOTHER: Lucy Scaggs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Lucy McNabb
(Address) 4396 A Gibson av

15. FILED APR -9 1928, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/8 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch 15, 1928, to April 8, 1928, that I last saw h. ~~me~~ alive on 4/8, 1928, and that death occurred, on the date stated above, at 10.10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulm. Tuberculosis 23H 31 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) B Shanklin, M. D
4/9, 1928 (Address) ~~B Shanklin~~ [illegible]

*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: Sullivan Mo. DATE OF BURIAL: April 10 1928

20. UNDERTAKER: Kriegshauser N Co ADDRESS: 4104 Manchester

O.K.
Edwards

1514 S. [illegible]
9-10 [illegible]