SEP 24 1928

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

Do not use this space.

26396

1. PLACE OF DEATH
County Bates
Township Hudson
City ..... (No. ..... St. ..... Ward)

Registration District No. 54
Primary Registration District No. 5086
File No. .....
Registered No. .....

2. FULL NAME William Lacy McClannahan

(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 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bula A. McDaniel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known 1863

7. AGE Years 65 | Months | Days | If LESS than 1 day, ..... hrs. or ..... min.

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) Missouri

PARENTS
10. NAME OF FATHER Tilman McClannahan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Elizabeth Snodgrass
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT J. D. Snodgrass
(Address) Butler Mo

15. FILED Aug 28, 1928 S. H. Bothwell Deputy REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-14 1928

17. I HEREBY CERTIFY, That I attended deceased from March 2, 1928, to Aug-14, 1928, that I last saw him alive on July 31, 1928, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic heart disease
Chronic Myocarditis
952
956 (duration) yrs. 5 mos. 12 ds.

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

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. J. Smith, M. D
, 19 (Address) Appleton City 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 Baptist Cem Hudson Twp
DATE OF BURIAL Aug 15 1928

20. UNDERTAKER Frank Lee
ADDRESS Appleton City Mo

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.