P 25 5 1928

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

Do not use this space.

27085

File No. .....
Registered No. 105

1. PLACE OF DEATH
County Henry
Township
City Clinton (Ward) St. Ward)
Registration District No. 347
Primary Registration District No. 3018

2. FULL NAME Miss Catherine McLane

(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't Know

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About 68			

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

9. BIRTHPLACE (CITY OR TOWN) Appleton City
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Wm H McLane
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't Know
12. MAIDEN NAME OF MOTHER Eliza Catherine Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't Know

14. INFORMANT Mrs Minnie Conner
(Address) .....

15. Filed Aug 22 1928 Dr. E. C. Leeler Registrar
per J.G.
Manager

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21st 1928

17. I HEREBY CERTIFY, That I attended deceased from 12 M Aug 20 1928, to 5:38 PM Aug 21 1928 that I last saw her alive on Aug 21 1928, and that death occurred, on the date stated above, at 5:38 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastritis
Bad
(duration) yrs. mos. ds.

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

7401

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) Wm M Marseilles, M.D.
19 (Address)

*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 Englewood
DATE OF BURIAL 8/23 1928

20. UNDERTAKER Spon & Son
ADDRESS Clinton

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.