

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

Do not use this space.

27294

File No. 1-3369  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township East Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. Research Hoop)

**2. FULL NAME**

George B. McClure  
(a) Residence. No. 1516 E. 50<sup>th</sup> Terrace St. 15 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 Mrs. Eda M. McClure

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 13 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 7 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Stock broker  
(b) General nature of industry, business, or establishment in which employed (or employer) Live Stock  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Sauntery Virginia  
(STATE OR COUNTRY) Virginia

10. NAME OF FATHER Conrad M. McClure

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

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mervin M. McClure  
(Address) 1516 East 50<sup>th</sup> Ter

15. FILED 8/10 28 M. M. Crave  
19\_\_\_\_ REGISTRAR Dean

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4<sup>th</sup> Aug 19 28

17. I HEREBY CERTIFY, That I attended deceased from 4<sup>th</sup> August, 1928, to his death, 1928, that I last saw him alive on Aug 8<sup>th</sup>, 1928, and that death occurred, on the date stated above, at 8:35 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral haemorrhage  
app. 02 P  
67 740M  
102 (duration) 5 yrs. mos. ds.

CONTRIBUTORY hypertension - arteriosclerosis  
(SECONDARY) (duration) 23 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? yes

WHAT TEST CONFIRMED DIAGNOSIS? Chemical findings

(Signed) Lucretia S. Malone, M. D.

Aug 9, 1928 (Address) 1800 East Res. Bl. Bldg.

\*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 Forest Hill DATE OF BURIAL Aug 10, 1928

20. UNDERTAKER Leick & Sobinski ADDRESS Lin. Main

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.

