

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

Do not use this space.

32898

**1. PLACE OF DEATH**

County Callaway  
Township Fulton  
City Fulton, Mo. (No. \_\_\_\_\_)

Registration District No. 104  
Primary Registration District No. 3008

File No. \_\_\_\_\_  
Registered No. 192  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(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) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 12th, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 9 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Hdw-Merchant,  
(b) General nature of industry, business, or establishment in which employed (or employer) Do  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER John McClure

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

12. MAIDEN NAME OF MOTHER Elzira Sheets

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

14. INFORMANT Guy McClure,  
(Address) Fulton, Mo.

15. Oct 20 1928 P. N. Crews  
FILED REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/19/28 19

17. I HEREBY CERTIFY, That I attended deceased from 10/15/28 to 10/19/28 Date  
that I last saw him alive on 10/19/28, 19, and that death occurred, on the date stated above, at 7:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Apoplexy, Complete Paralysis right. 82A  
7401 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.  
CONTRIBUTORY Arteriosclerosis, hypertensio  
(SECONDARY) (duration) 6 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? P. E.  
(Signed) Greene D. McCall, M. D.  
, 19 (Address) Fulton 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 Hillcrest Cemetery DATE OF BURIAL Oct 21-1928

20. UNDERTAKER Erndon-Taylor Furn-Co, ADDRESS Fulton 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.

