

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

Do not use this space.

35852

1. PLACE OF DEATH
 County Vernon Registration District No. 875 File No. _____
 Township Wassington Primary Registration District No. 6162 Registered No. 256
 City Neada (No. _____) St. _____ Ward _____

2. FULL NAME Jas. Mc Clure
 (a) Residence No. State Hospital # 3 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. 7 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Martha E. Mc Clure

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 11 1852

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>9</u>	<u>18</u>	

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

9. BIRTHPLACE (CITY OR TOWN) New York City
 (STATE OR COUNTRY) D

10. NAME OF FATHER Samuel Mc Clure

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

12. MAIDEN NAME OF MOTHER James Maxwell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Walden, N.H.
 (STATE OR COUNTRY) _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 19 1928

17. I HEREBY CERTIFY That I attended deceased from Feb. 4 Oct. 7, 1928, to Oct. 19, 1928 that I last saw him alive on _____, 1928, and that death occurred, on the date stated above, at _____ 11-40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
97

CONTRIBUTORY (SECONDARY) 97 B (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ?
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No.
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) J. J. O'Dell, M. D.
Oct 20 1928 (Address) Neada 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.

14. INFORMANT Martha E. Mc Clure DATE OF BURIAL _____
 (Address) Lamar Mo. Oct 23 1928

15. FILED 1/10 1928 E. R. King REGISTRAR
 20. URDERTAKER Monarty Undertaking Co. ADDRESS Lamar.

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.

