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

Do not use this space.

38109

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6L48B1 — Registered No. 395

City Jefferson Barracks, Mo. (No. U.S. Veterans' Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME Duncan McLean — I.R. Wagner, M.D.

(a) Residence. No. 2124 College Ave., St. Louis, Mo. Ward. Medical Officer In Charge.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own 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 Mrs. Mary McLean

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3, 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
55	2	20	

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

9. BIRTHPLACE (CITY OR TOWN): Unavailable.
(STATE OR COUNTRY): Missouri.

PARENTS

10. NAME OF FATHER: Unavailable.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unavailable.
(STATE OR COUNTRY): Unavailable.
12. MAIDEN NAME OF MOTHER: Unavailable.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unavailable.
(STATE OR COUNTRY): Unavailable.

14. INFORMANT: E.H. Gibbons
(Address) E.H. Gibbons, Medical Officer. U.S. Veterans' Hospital, Jefferson Barracks, Mo.

15. FILED Nov. 23, 1928 — L.C. Obrock, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23, 1928. 19

17. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1928, 19, to November 23, 19 28 that I last saw him alive on November 23, 19 28, and that death occurred, on the date stated above, at 5:45 PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis complicated with Uremia.

131
97
1325

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Generalized Arterio-sclerosis.

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory findings.

N.B. (Signed) R.E. Doyle, Medical Officer. M.D.
, 19 U.S. Veterans' Hospital, Jefferson Barracks, 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: National Jefferson Barracks — DATE OF BURIAL: Nov 27 1928

20. UNDERTAKER: Math Hermann — ADDRESS: 2 Sou 2161 Pass a

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.