

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

Do not use this space.

42874-132

1. PLACE OF DEATH

County Wasson
Township Washington
City Nevada (No.)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 20
St. Ward

2. FULL NAME

Lucinda McClaud

(a) Residence. No. St. Hospital #3 St. Ward.

(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) Wanted

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 4

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN); Pharsand Hill Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER James Talbot

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

12. MAIDEN NAME OF MOTHER Maude Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); North Carolina
(STATE OR COUNTRY)

14. INFORMANT State Hosp. Record
(Address) Nevada, Mo.

15. FILED 2-22-29 E.R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8 1928

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1928, to Dec 8, 1928 that I last saw her alive on Dec 8, 1928, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A Bronchial Pneumonia
107A
1100
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 5 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? Physical findings
(Signed) E.H. Owen, M.D.

12-8-1928 (Address) Nevada 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 DATE OF BURIAL

Blossau Hill Dec. 10 1928

20. UNDERTAKER Allen & Keys ADDRESS Nevada, 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.

