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

Do not use this space.

972

FEB 21 1929

36 7 6

1. PLACE OF DEATH

County: Vernon Kilgore Registration District No. 284 File No.

Township: ~~Central~~ Primary Registration District No. 4128 Registered No. 5

City: St Clair (No. , St. Ward)

2. FULL NAME: Dorothy Ballentine McClure

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: R. L. Monday

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 1, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	22	3	26	

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

9. BIRTHPLACE (CITY OR TOWN): Prices Branch
(STATE OR COUNTRY): Montgomery Co Mo

PARENTS

10. NAME OF FATHER: F. Tucker McClure
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Prices Branch
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Daisy Ballentine
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Marshall
(STATE OR COUNTRY): Mo

14. INFORMANT: Daisy McClure
(Address): Rt 4 Clair Mo

15. Filed Jan 27, 1929 W. E. Mitchell, Registrar

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 26 — 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov, 1926 to Jan 13, 1929 that I last saw her alive on Jan 13, 1929 and that death occurred, on the date stated above, at 7:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
66B Cardiac Myasthenia
93A
95B
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Toxic Goiter Tachycardia
(duration) 1 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 Symptoms

(Signed) C. F. Briegel, M. D.
(Address) St Clair, Mo

Jan 27, 1929

*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
Prices Branch Cemetery	Jan. 28 1929
20. UNDERTAKER: Casey & Co.	ADDRESS: St Clair

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.