AUG 22 1929

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

85

Do not use this space.
23849

1. PLACE OF DEATH
County Buchanan Registration District No. 1001
Township Primary Registration District No.
City St Joseph (No. Mo Methodist Hospital St. Ward)

File No. 940
Registered No.

2. FULL NAME Roger Lee McClaren
(a) Residence. No. 1604 south 10th 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. 2 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)
M	W	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
			2	

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

9. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Floyd McClaren
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Amity
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Juanita Elliott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clarksdale
(STATE OR COUNTRY) Missouri

14. INFORMANT Floyd McClaren
(Address) 1604 South 10th St Jos Mo

15. FILED July 12, 1929 John L. Wilt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1929

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1929, to July 12, 1929, that I last saw h... alive on July 12, 1929, and that death occurred, on the date stated above, at 10:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
1608
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Birth Injury
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED? 1608
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Symptoms

(Signed) J Reuben, M. D
July 12, 1929 (Address) 8 E 9th Edmond

*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
Amity Missouri	July 13 1929
20. UNDERTAKER Heaton-Bebole & Bauman	ADDRESS 319 S 10th St Joseph Mo
By [illegible] Bauman	

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.