

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

Do not use this space.

31098

1. PLACE OF DEATH

County Jackson Registration District No. 404
 Township Washington Primary Registration District No. 5558
 City Kansas City No. 107+ Grandview Rd St. W.C. Ward

2. FULL NAME

Charles Samuel McClung
 (a) Residence. No. 5439 Tracy 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 5 8

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Altoona Ill.

10. NAME OF FATHER Samuel L. McClung

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kanawha

(STATE OR COUNTRY) W. Va.

12. MAIDEN NAME OF MOTHER Hannah Julia Potts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bloomington

(STATE OR COUNTRY) Ind.

14. INFORMANT Mrs Emma Mc Kay

(Address) Baltimore Hotel

15. FILED 9-9-29, 19 2929 P. Ludlow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/6 1929

17. Walter M. Galt

I HEREBY CERTIFY That I attended deceased from 1929, to 1929, that I last saw him alive on, 1929, and that death occurred, on the date stated above, at 10:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide, carbolic acid, apnoea
10:30 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

10:30 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

19. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy

(Signed) Walter M. Galt, M. D.

, 19 (Address) W. City, Kansas

*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

Calvary

Sept 10 1929

20. UNDERTAKER

ADDRESS

S. H. Newcomer's South 6th

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.

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