

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

Do not use this space.

6336

**1. PLACE OF DEATH**

County St. Louis  
Township Richmond Heights

Registration District No. 1170  
Primary Registration District No. 6245H

File No. ....  
Registered No. 231  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 58 Jefferson St. St. .... Ward. Webster Groves  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 18 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alan C Caldwell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 15 1877</u>		
7. AGE <u>52</u>	YEARS <u>3</u>	MONTHS <u>20</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At Home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>-</u> (c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1930 to Feb 4 1930 that I last saw him alive on Feb 4 1930, and that death occurred, on the date stated above, at 5-8 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia (Lobar)  
108  
92 R/L  
36 (duration) yrs. mos. 18 ds.  
CONTRIBUTORY (SECONDARY) Endocarditis + Bacteremia  
(duration) yrs. mos. 1 ds.

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

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

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Sub. of X ray  
(Signed) Ralph E Gustafson, M. D.

, 19 (Address) Webster Groves 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.

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

PARENTS	10. NAME OF FATHER <u>John W McClung</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	12. MAIDEN NAME OF MOTHER <u>Alana E. Copp</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	

14. INFORMANT W. C. Crewe  
(Address) Webster Groves

15. FILED 2/5 19 30 G. L. Jensen  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL  
Bellefontaine DATE OF BURIAL Feb 6 1930

20. UNDERTAKER  
Parker and Co. ADDRESS Webster Groves

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.

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*Gaston*

of the City of Gaston, North Carolina, for the year ending December 31, 1907.

STATE OF NORTH CAROLINA  
COUNTY OF GASTON

1907

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