#108 MAY 28 1930

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

Do not use this space.

13933

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123 File No.

Township [illegible] Primary Registration District No. 6248 B, Registered No. 105

City Jefferson Barracks (No. U.S.Veterans Hospital St. Ward)

2. FULL NAME David McClure.

(a) Residence. No. 609 West Ave. St., Ward. Christopher, Illinois.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U.S., if of foreign birth? - yrs. - mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Alice McClure

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 1, 1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
82	6	4	

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

9. BIRTHPLACE (CITY OR TOWN) Cutler,
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Unavailable
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Unavailable
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Ireland

14. INFORMANT C.H.SMITH, M.D., U.S.Veterans
(Address) Hospital, Jefferson Barracks, Mo.

15. FILED 4/3, 1930 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5, 1930.

17. I HEREBY CERTIFY, That I attended deceased from December 12, 1929, to April 5, 1930 that I last saw him alive on April 5, 1930, and that death occurred, on the date stated above, at 2:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
(duration) Un yrs. kn mos. own ds.

CONTRIBUTORY (SECONDARY) Generalized Arteriosclerosis.
(duration) Un yrs. kn mos. own ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF --
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Evidence
(Signed) W.C.Gibson, M.D., U.S.Veterans Hospital, Jefferson Barracks, Mo., M.D.
(Address)

*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: Du Quoin, Ill. DATE OF BURIAL: Apr. 7 1930

20. UNDERTAKER: C. Hoffmeister U. & L. Co. ADDRESS: 7814 S. Broad St. Louis 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.