

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

Do not use this space.

35497a

1. PLACE OF DEATH

County Caldwell
Township New York
City 1 (No. _____)

Registration District No. 98
Primary Registration District No. 5145

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

Mary Alice Mclelland

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 82 H
(b) General nature of industry, business, or establishment in which employed (or employer) 189
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell Co. Mo.

10. NAME OF FATHER Hubert Pemberton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bouch Missouri

12. MAIDEN NAME OF MOTHER Elizabeth Anne Mettling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. Frank White (Address) Hamilton Mo

15. FILED Jan 19 30 Mrs. E. G. Hartside REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1930 to _____, 19____ that I last saw him alive on Nov 26, 1930, and that death occurred on, the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemiplegic Paralysis of throat

(duration) yrs. mos. ds. 14 mos.

CONTRIBUTORY (SECONDARY) Atherosclerosis
(duration) yrs. mos. ds. _____

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? G. Borum M.D.
(Signed) _____ (Address) Hamilton 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New York DATE OF BURIAL Nov. 28 1930

20. UNDERTAKER John Heughan ADDRESS Hamilton 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.

JUN 2 1 1932

RECORD IS A PERMANENT RECORD

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