

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

Do not use this space.

38534

JAN 19 1931

1. PLACE OF DEATH

County Boone
Township
City Columbia No.

Registration District No. 73
Primary Registration District No. 3506

File No. _____
Registered No. 265
St. _____ Ward)

2. FULL NAME

Dallie Mc Clish,

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15 - 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 5 13

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

9. BIRTHPLACE (CITY OR TOWN) Boone Co. Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER James Calvert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Drue Ann Dodson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT George Mc Clish
(Address) Columbia, Mo.

15. FILED 12/30/30 F. Suggs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28, 1930
17. I HEREBY CERTIFY, That I attended deceased from 5-16-28 to 12-28-30, 1930, to 12-28-, 1930, that I last saw him alive on 12-27-30, 1930, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris.
G.R.A.
47
(duration) 2 yrs. 6 mos. — ds.
CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) 4 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) J. W. Barry M. D.
12/29 1930 (Address) Columbia, 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 Columbia, Mo. Cemetery DATE OF BURIAL 12-30 1930
20. UNDERTAKER W. W. Waudenette ADDRESS Columbia, Mo.

K. R.—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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

11/18/73

FFA 5 1973