

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

Do not use this space.

8525

FEB 21 1931

1. PLACE OF DEATH
 County Texas Registration District No. 863
 Township Piney Primary Registration District No. 6137
 City Hamshire (No. _____) St. _____ Ward _____
 FULL NAME Leonard Franklin McClellan
 (a) Residence, No. Cabool 122 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 15 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11, 1911
 7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
19 5 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy 2:00 AM
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Feb. 6 1931 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buckland 1 mo.
 13. NAME John McClellan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.
 15. MAIDEN NAME Fredonia Lindsey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 17. INFORMANT (ADDRESS) John McClellan
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cabool Cemetery DATE Feb. 8 1931
 19. UNDERTAKER (ADDRESS) Gaylord V. Elliott Cabool Mo
 20. FILED 2-9 1931 J.P. Normack Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1931
 22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1931 to Feb 6 1931
 I last saw h. alive on Feb 6 1931 dead Feb 6 1931. Death is said to have occurred on the date stated above, at 8 P.M.
 The principal cause of death and related causes of importance were as follows:
accidental death due to auto accident
 Date of onset Feb 6 1931
 Other contributory causes of importance: (1)
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury Feb 6, 1931
 Where did injury occur? New Summer Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Road
 Manner of injury auto turned over
 Nature of injury fractured skull
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Dr. Edus Cabool Mo, M. D.
 (Address) _____

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.

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

