

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

Do not use this space.

1887 *Weyer*

1. PLACE OF DEATH
 80 County *Pettis* Registration District No. *668*
 # Township Primary Registration District No. *3632*
 6 City *Sedalia* (No. *North Grand*) St. Ward)

2. FULL NAME *Edward J M^cClung*
 (a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary M^cClung*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 4 18 58*

7. AGE YEARS *73* MONTHS *4* DAYS *12* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

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) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

FATHER 13. NAME *Jos G M^cClung*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Va.*

MOTHER 15. MAIDEN NAME *Mary Barrett*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Va*

17. INFORMANT *Mary M^cClung* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Windsor* DATE *5/18 31*

19. UNDERTAKER *Hillebrand* (ADDRESS) *Sedalia*

20. FILED *5-20 19 31* *J. H. Love* Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 16 1931*

22. I HEREBY CERTIFY, That I attended deceased from *4/5 1931*, to *5/16 1931*
 I last saw him alive on *5/16 1931*. Death is said to have occurred on the date stated above, at *2 1/2* m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset *1926*
Cardiac Decompensation
due organic Ischaemic Mitral stenosis
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. *(1)*
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) *W. P. Weyer*, M. D.
 (Address) *Sedalia, Mo.*

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.

JUN 2 1931

