

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

Do not use this space.

40544

1. PLACE OF DEATH

County Dent Registration District No. 269
Township Norman Primary Registration District No. 6376
City (No.)

File No. _____
Registered No. 4 St. _____ Ward _____

2. FULL NAME

Sauel Lewis McClure

(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 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 Martha E Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 10 9

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) Ohio

13. NAME Lewis McClure

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland-aryland

15. MAIDEN NAME Sarah Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) III

17. INFORMANT Leo McClure (ADDRESS) Robson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Spring Cem DATE 12/13/31 19

19. UNDERTAKER Carl K Spencer (ADDRESS) Salem Mo

20. FILED Dec 7 1931 Mrs Cora Bailey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 31 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 - 1931, to Dec 3 1931
I last saw him alive on Dec 3 1931 Death is said to have occurred on the date stated above, at 12.00 A.M.

The principal cause of death and related causes of importance were as follows:

Hepatitis (interstitial) Date of onset Jan 10-30
131 131

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Special signs and tests 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.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify H. G. Digeon M. D.
(Signed) _____ (Address) Salem 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.

DEC 7 1931

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