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

Do not use this space.

40625

1. PLACE OF DEATH

County Greene — Registration District No. 316 — File No.

Township Boone — Primary Registration District No. 5435 — Registered No. 2

City Ash Grove (No. ..... St. ..... Ward)

2. FULL NAME James Keller McClure

(a) Residence. No. Ash Grove St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Demima McClure

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/10/1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	8	25	

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

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

PARENTS

10. NAME OF FATHER William McClure

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

12. MAIDEN NAME OF MOTHER Delila McGehee

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

14. INFORMANT Ray M McClure
(Address) Ash Grove Mo

15. FILED 1-4, 1932 Dr Charles H Orr REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1931, to Dec 4, 1931 that I last saw him alive on Dec 4, 1931, and that death occurred, on the date stated above, at 5-35 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Tuberculosis (Laryngeal, Bowels, Pulmonary)
23A
25 (duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 23 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Lawrence Co Mo.
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Dr Charles H. Orr, M. D.
12/5/1931 (Address) Ash Grove 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 Thomas Cem - Phelph Mo. — DATE OF BURIAL 12/6 1931

20. UNDERTAKER Trogdon - Morris + Leiman — ADDRESS Ash Grove 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.

JAN 22 1932