

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

Do not use this space.

270

1. PLACE OF DEATH

County Buchanan
Township Wayne
City.....

Registration District No. 82
Primary Registration District No. 5128
(No. 10 South of St. Joseph Mo. 5128)

File No.....
Registered No. 3
St. Ward)

2. FULL NAME Eliza Jane McClurg.

(a) Residence, No. 10 Miles South of St. Joseph Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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 James McClurg.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1840		
7. AGE	YEARS	MONTHS
	81	5
		DAYS
		6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
None.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
None.		
10. Date deceased last worked at this occupation (month and year)		

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Buchanan County Missouri.
	13. NAME	Jeremiah Finch.
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Unknown. Indiana.
	15. MAIDEN NAME	Frances Meers.
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Unknown. Kentucky.

17. INFORMANT James McClurg.
(ADDRESS) Buchanan County Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cemetery DATE Jan 10 1932

19. UNDERTAKER H. O. Sittler
(ADDRESS) 1802 Union Street.

20. FILED Jan 10 1932 J. W. Meadow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 8** 19 **32**

22. I HEREBY CERTIFY, That I attended deceased from **December 25**, 1931, to **January 6**, 1932
I last saw him/her alive on **January 6**, 1932 Death is said to have occurred on the date stated above, at **10: P. m.**
The principal cause of death and related causes of importance were as follows:

Cancer of the Stomach. Date of onset

46B 46B

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? **Chemical** Was there an autopsy? **No**

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 **J. W. Meadow.** (Signed) _____, M. D.
(Address) **DeKalb Missouri.**

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.

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