

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.

# 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 10 South of St. Joseph Mo.

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

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

2. FULL NAME Eliza Jane McClurg.

(a) Residence, No. 10 Miles South of St. Joseph Mo. Ward.  
 (Usual place of abode)

(If nonresident, give city or town and State)

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 DAYS If LESS than 1 day, hrs. or min.  
81 5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.  
 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) Buchanan County  
 (STATE OR COUNTRY) Missouri.

13. NAME Jeremiah Finch.  
 14. BIRTHPLACE (CITY OR TOWN) Unknown.  
 (STATE OR COUNTRY) Indiana.

15. MAIDEN NAME Frances Meers.  
 16. BIRTHPLACE (CITY OR TOWN) Unknown.  
 (STATE OR COUNTRY) 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. Siderlader  
 (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 1932

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

Other contributory causes of importance:

Name of operation 8 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? X Date of injury X 1932

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ①

Nature of injury

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

If so, specify J. W. Meadow

(Signed) J. W. Meadow M. D.

(Address) DeKalb Missouri.

