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

Do not use this space.

File No. 1582
Registered No. 7

1. PLACE OF DEATH
54 County Lafayette — Registration District No. 460
5 Township Davis — Primary Registration District No. 4274
City Higginsville. (No. ..... St. ..... Ward)
4

2. FULL NAME Warren Bailey Mc Lain

(a) Residence. No. ..... 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. 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)
M	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Perdue Mc Lain.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 6th-1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	5	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant 171
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grundy County, MO. 1
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John W. Mc Lain
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Kentuckey
12. MAIDEN NAME OF MOTHER Louise Nickel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentuckey

14. INFORMANT Mrs. W B McLain by Alt Hoefer
(Address) Higginsville. MO.

15. FILED 3-8, 1932 Ruth Porter Deputy
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan- 24th-1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Jan 24, 1932 that I last saw him alive on Jan 23, 1932, and that death occurred, on the date stated above, at 7-15a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congestive Heart failure due to Rt Bundle Branch Block
93D
97 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray Electrocardiogram
(Signed) Robert C Davis, M. D.
2/25, 1932 (Address) 1024 professional

*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 City Cemetery Higginsville. MO.
DATE OF BURIAL 1/26/1932

20. UNDERTAKER Hoefer Minneshagen
ADDRESS H-ville, 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.

MAR 23 1932