

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

Do not use this space.

8708

1296

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Wear Primary Registration District No. 1002
 City Kansas City (No. Kansas City Genl Hosp) St. Mo. Ward 9

2. FULL NAME

Ray Mc Clellan
 (a) Residence, No. 2204 1/2 E. 9th St. Mo. Ward 9
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 - 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>4</u>	<u>0</u>	<u>0</u>	<u>9</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>
	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) Kansas City Kansas

FATHER 13. NAME Joe Mc Clellan

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Museum

MOTHER 15. MAIDEN NAME Effie Berry

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chatham

17. INFORMANT (ADDRESS) Reverend Clerk
12 Can. Hosp. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Maple Hill DATE March 29 1932

19. UNDERTAKER (ADDRESS) Mrs. S. Foster
2500 No.

20. FILED 3/28 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-22 1932 to 3-27 1932.
 I last saw him alive on 3-27 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:

Diphtheria Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1932.

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 _____

(Signed) R. W. Williams M. D.

(Address) Subst. K.C. Genl Hosp. K.C. Mo.

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.

9 AM

