

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

Do not use this space.

13908

1. PLACE OF DEATH

96 County..... Registration District No. 1170
 7 Township..... Primary Registration District No. 634876
 7 City Richmond Heights No. 1326 Argus Avenue St. _____ Ward _____

2. FULL NAME

Alonso Mc Clarin
 (a) Residence, No. 1326 Argus Avenue, _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1898

7. AGE YEARS 54 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Excavator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 260

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 108

12. BIRTHPLACE (CITY OR TOWN) Pulaski (STATE OR COUNTRY) Tennessee

13. NAME Reed McClarin

14. BIRTHPLACE (CITY OR TOWN) Pulaski (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Link - Lord

16. BIRTHPLACE (CITY OR TOWN) Giles County (STATE OR COUNTRY) Tennessee

17. INFORMANT Julia Mc Clarin (ADDRESS) 1326 Argus Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pky April 7th 1932

19. UNDERTAKER Charles J. Davis (ADDRESS) 107 Emerald Avenue

20. FILED 47 19 32 Rob Jansen Registrar.

1 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 3/28 1932 to 4/3 1932
 I last saw him alive on 4/3 1932 Death is said to have occurred on the date stated above, at 10:25 a.m.
 The principal cause of death and related causes of importance were as follows:

Ruber Pneumonia Date of onset 3/28/32
108 108

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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 _____ 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) Rob Jansen, M. D.
 (Address) 1326 Argus Avenue

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.

MAY 3 8 1932

