

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

Do not use this space.

39838

1. PLACE OF DEATH

County Jackson
Township Keokuk
City Jackson City (No. Keokuk Hosp)

Registration District No. 399
Primary Registration District No. 800

File No. 4846
Registered No. 4846
St. _____ Ward _____

2. FULL NAME

Robert McClure
(a) Residence, No. 124 S. Wherry St. 10 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-27 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 9 20

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. Iron worker
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

13. NAME Rev. W. McClure

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 2

15. MAIDEN NAME Sarah McClure

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT (ADDRESS) Reverend Clerk Keokuk Hosp. Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 12-19-32

19. UNDERTAKER (ADDRESS) Quirk & Johnson

20. FILED 12/19 1932 M. M. Corvett Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1932 to 12-17 1932. I last saw him alive on 12-17 1932. Death is said to have occurred on the date stated above, at 6:10 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia
15D
107A / 5
Other contributory causes of importance: Empyema (1)
Date of onset _____

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 _____ (Signed) J. H. Bennett, Supt., M. D.
12-19-32 (Address) Keokuk Hosp. Jackson 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.

