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.

FEB 1 1933

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

Do not use this space.

2266

1. PLACE OF DEATH

59 County Livingston, Registration District No. 5 1 4 File No.

Township Monroe, Primary Registration District No. 5 2 2 Registered No.

City (No. , St. Ward)

2. FULL NAME Franklin P. McLellan,

(a) Residence, No. St., 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: White,

5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word): Widowed,

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~OR WIFE OF~~: Mary McLellan,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-11"-1853

7. AGE: Years 79 | Months 8 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): Jan-1"-1933

11. Total time (years) spent in this occupation: 65-yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

FATHER

13. NAME: Alexander McLellan,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known,

MOTHER

15. MAIDEN NAME: Manunervia Crum,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known,

17. INFORMANT (ADDRESS): Miss Bertha McLellan, Ludlow, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: McCroskrie Cemetery DATE: Jan. 18, 1933

19. UNDERTAKER (ADDRESS): E. S. Michael, Brayman, Mo.

20. FILED: Jan 20, 1933 Geo Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan-16-1933

22. I HEREBY CERTIFY That I attended deceased from June 30, 1932, to January 16, 1933, that I last saw him alive on January 15, 1933. Death is said to have occurred on the date stated above, at 10:0 m.

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

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: Arterio Sclerosis

Name of operation: None Date of: None

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? None Date of injury: None

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: None

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Rudolph B. Hollen M. D.

(Address) Brayman Mo.