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.

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

Do not use this space.

1. PLACE OF DEATH

79 County Perry — Registration District No. 660 — File No. 8740

Township Saline — Primary Registration District No. 5875 A — Registered No.

City Brewer Ret. (No. ..... St. ..... Ward)

2. FULL NAME Welenda McClure

(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 Femal. 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 Charles McClure

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30-1862

7. AGE YEARS 71 MONTHS 0 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4 [illegible]

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) Perry Co Mo.

FATHER

13. NAME John Dillard

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

MOTHER

15. MAIDEN NAME Mary Hathaway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Walter McClure Perryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Cem DATE Feb. 4 1933

19. UNDERTAKER (ADDRESS) [illegible] Perryville Mo.

20. FILED 2-4 1933 Geo. J. Merkel Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~Jan~~ Feb 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Welenda McClure~~ Jan 22 1933 to ~~Jan~~ Feb. 2, 1933

I last saw h. E.R. alive on Feb 2, 1933 Death is said to have occurred on the date stated above, at 8 P.M.

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

Acute Heart Failure

Date of onset

Other contributory causes of importance:

Chronic Myocarditis
Adenoma of Thyroid.

3 yrs. duration

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 ....., 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) Oscar A. Carron, M. D.

(Address) Perryville Mo