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.

JUL 22 1933

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

Do not use this space.

1. PLACE OF DEATH

County Dekalb — Registration District No. 239 — File No. 16144

Township Sherman — Primary Registration District No. 5361 — Registered No.

City Amity (No. .... St. .... Ward)

2. FULL NAME Margaret Mc Claren

(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: Fem

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: W. WH. McClaren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 1st 1844

7. AGE: YEARS 88, MONTHS 7, DAYS 9. If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

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

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

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): Ohio

FATHER

13. NAME: James Watt.

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

MOTHER

15. MAIDEN NAME: Mariah Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): do not know

17. INFORMANT: Mrs John Shaw (ADDRESS) Amity Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ — PLACE: Amity DATE: 5/ 11/ 33

19. UNDERTAKER: U. G. Pilcher (ADDRESS) Maysville Mo.

20. FILED May 11 1933 J Z Phelps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 – 10 1933

22. I HEREBY CERTIFY, That I attended deceased from 10 – 4 1932, to 5 – 10 1933

I last saw her alive on 5 – 2 1933 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage — Date of onset

BC

Other contributory causes of importance: Chronic Myocarditis

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? no

If so, specify ....

(Signed) L B Knight, M. D.

(Address) Maysville Mo