

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

Do not use this space.

19028

1. PLACE OF DEATH

County Benton

Registration District No. 99

Township Poplar Bluff

Primary Registration District No. 3007

City Poplar Bluff (No. _____)

File No. _____

Registered No. 107

St. _____ Ward _____

2. FULL NAME

Billy Ray McClure

(a) Residence, No. _____ St. _____
(Usual place of abode)

Ward. _____

Quinn Mo.
(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED; OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-27-32

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Quinn Mo.

13. NAME Marvin McClure

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reactor Ark.

15. MAIDEN NAME Bulah Crane

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

17. INFORMANT Marvin McClure
(ADDRESS) Quinn Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Quinn DATE 6-28-33

19. UNDERTAKER Frank Underco
(ADDRESS) Poplar Bluff Mo

20. FILED June 29 1933 By Clary
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27-33

22. I HEREBY CERTIFY That I attended deceased from June 20, 1933, to June 27, 1933
I last saw him alive on June 27, 1933. Death is said to have occurred on the date stated above, at 12 A. m.
The principal cause of death and related causes of importance were as follows:

acute anterior poliomyelitis 6-18-33

Other contributory causes of importance:
Malnutrition (marasmus)

Name of operation _____ Date of _____
What test confirmed diagnosis? Examination 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) B. J. Macaulay, M. D.
(Address) Poplar Bluff 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.

JUL 20 1933

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