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.

NOV 10 1933

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

Do not use this space.

34846

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. [illegible]

City St Louis Mo. (No. 3757, Gravois St. ..... Ward)

File No. .....

Registered No. 9021

2. FULL NAME Harry H McLean (McLean)

(a) Residence, No. 5351 Delmar St., 12 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 4 1852

7. AGE: Years 81 | Months 3 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. Salesman

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): Philadelphia Pennsylvania

FATHER

13. NAME: H McLean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia England

MOTHER

15. MAIDEN NAME: Ellen Guess

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Castle England

17. INFORMANT (ADDRESS): Wilmoth Waller 5351 Delmar St Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Valhalla Cem DATE: 10/19 1933

19. UNDERTAKER (ADDRESS): A Ellis 5240 Delmar

20. FILED: OCT 19 1933 J F Bieheck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1929, to Oct. 17, 1933

I last saw him alive on Oct. 17, 1933. Death is said to have occurred on the date stated above, at 7 P. m.

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

	Date of onset
Chronic Myocarditis	4 yrs
131	
93c	
Other contributory causes of importance:	
Chronic Interstitial Nephritis	2 yrs
9	

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Ex Was there an autopsy? no

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) Solon Cameron, M. D.

(Address) 508 N. Grand Blvd