MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

B 27 1934

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

Do not use this space.

39492-E

1. PLACE OF DEATH 24

County Clay — Registration District No. 197

Township Gallatin — Primary Registration District No. 5276

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

File No. .....

Registered No. .....

2. FULL NAME Robert Kerr McClellan

(a) Residence, No. Maple Park Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mary V. McClellan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28-1876

7. AGE: YEARS 57 — MONTHS 8 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 2 weeks

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alaska West Va.

FATHER

13. NAME Wm D McClellan

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

MOTHER

15. MAIDEN NAME Sarah A. Kerr

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

17. INFORMANT (ADDRESS) C. P. McClellan Maple Park Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo DATE 12/26/33

19. UNDERTAKER (ADDRESS) Church-Archer Co Liberty Mo

20. FILED 12/24 1933 John S. Morton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1933, to Dec 23, 1933

I last saw him alive on on Dec 23, 1933 Death is said to have occurred on the date stated above, at 12 30 P.m.

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

	Date of onset
Pneumonia	
100 Lobar	12-14

Other contributory causes of importance: 100

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

What test confirmed diagnosis? Non 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) W. H. Cathbertson, M. D.

(Address) Liberty Mo.