

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

Do not use this space.

APR 24 1934

1. PLACE OF DEATH

County Callaway
Township Summit
City (No. _____) _____

Registration District No. 213
Primary Registration District No. 515-B

File No. 4158
Registered No. _____
St. _____ Ward _____

2. FULL NAME Robert Lee McClure

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara McClure</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November--22-1876</u>		
7. AGE	YEARS	MONTHS
	<u>58</u>	<u>2</u>
		<u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Night Watchman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shoe Factory</u>		
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) Boone County, Mo

13. NAME Sam McClure

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Sallie Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs. Clara McClure
Cedar City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hart Hill Cem DATE Feb-13- 1934

19. UNDERTAKER (ADDRESS) Thos J Gordon
Cedar City, Mo

20. FILED W. H. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/11/1934

22. I HEREBY CERTIFY, That I attended deceased from injury, at coroner's inquest
I last saw him alive on 2/11/1934 Death is said

to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

Gun shot wound of left breast. Single
167
167
Other contributory causes of importance:

Name of operation none 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? gunshot Date of injury 2/11/1934
Where did injury occur? Cedar City, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
on the road to his home
Manner of injury gun shot
Nature of injury in left chest & breast

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) O. H. Christian M. D.
(Address) Fulton, Mo
Coroner of Callaway Co, Mo

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

