

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Pemiscot Registration District No. 65-1
Township Little Prairie Primary Registration District No. 0-862
City _____ (No. _____) St. _____ Ward _____

File No. 5957
Registered No. 37

2. FULL NAME William McClanahan

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4 July 1872</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>7</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1, 1934</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pemiscot, Mo.</u>		
MOTHER	13. NAME <u>Marion McClanahan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pemiscot, Mo.</u>	
	15. MAIDEN NAME <u>Mellie Sullivan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
17. INFORMANT <u>Dane McClanahan</u> (ADDRESS) <u>Caruthersville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Ridge</u> DATE <u>Feb 14</u> 19 <u>34</u>		
19. UNDERTAKER <u>H. J. Smith</u> (ADDRESS) <u>Caruthersville, Mo.</u>		
20. FILED <u>Feb. 16</u> 19 <u>34</u> <u>Eda Martin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1934

I HEREBY CERTIFY That I attended deceased from Feb 10 1934, to Feb 13 1934
Last saw him alive on Feb. 10 1934 Death is said to have occurred on the date stated above, at 3:30 m.

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

Lobar Pneumonia Date of onset 11 A
108
108
Other contributory causes of importance: Influenza

Name of operation _____ Date of _____
What test confirmed diagnosis clinical 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 _____, 1934

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) G. W. Phipps M. D.
(Address) Caruthersville, Mo.

