

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

Do not use this space.

15898

1. PLACE OF DEATH

County Buchanan
Township Wayne
City _____ (No. Dekalb Road)

Registration District No. 836
Primary Registration District No. 5128

File No. _____
Registered No. 5-2
St. _____ Ward _____

2. FULL NAME James McClurg

(a) Residence, No. Dekalb Road St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 70 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 22, 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 8 0

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

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) Unknown (STATE OR COUNTRY) Kentucky

13. NAME John McClurg

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Lucinda Williams

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Martha Williams (ADDRESS) Dekalb Road St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Bethel Cemetery PLACE Buchanan Co., Mo. DATE May 24 1934

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) St Joseph Mo.

20. May 23, 1934 J. J. Buchanan Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1934, to 5/22, 1934

I last saw him alive on 5/22, 1934 Death is said to have occurred on the date stated above, at 3:25P Am.

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

Endocarditis with heart block
Toxæmia with tachycardia
923
115

Other contributory causes of importance:
Flu infection
958

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) B. B. Simmons, M. D.
(Address) St Joseph 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.

JUN 20 1934

