

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

Do not use this space.

21682

1. PLACE OF DEATH

County St. Gen. Registration District No. 780
Township _____ Primary Registration District No. 4466
City St. Gen. (No. _____) St. _____ Ward _____

File No. _____

Registered No. 31

2. FULL NAME

Clarence William McRhin
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 3 16

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. _____
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) St. Genevieve Missouri

13. NAME Coy McRhin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unionville Missouri

15. MAIDEN NAME Louise Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri

17. INFORMANT (ADDRESS) John McRhin St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) St. Genevieve Mo
PLACES DATE June 7 1934

19. UNDERTAKER (ADDRESS) Rev. G. Butler St. Genevieve Mo

20. FILED June 26 1934 T.W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15 1934 to June 26 1934

I last saw h. (M) alive on June 25 1934. Death is said to have occurred on the date stated above, at 7:10 A.M.

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

Myocardius.

Date of onset 6-1-34

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Arthur E. Sarauer, M. D.

(Address) St. Genevieve 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.

L 13 1934

