

OCT 11 1934

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

Do not use this space.

31888

1. PLACE OF DEATH

County Baird
Township Exeter
City Exeter (No.)

Registration District No. 34
Primary Registration District No. 62.39

File No.
Registered No. 20
St. Ward)

2. FULL NAME

(a) Residence, No. Exeter mo. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 18 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

MEDICAL CERTIFICATE OF DEATH

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 (OR) WIFE Julia Mary McClure
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10 - 1879
7. AGE YEARS 61 MONTHS 7 DAYS 25 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Station agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Toledo R.R.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1934
22. I HEREBY CERTIFY, That I attended deceased from 8/24 1934, to 9-5 1934
Last saw him alive on 9-2 1934. Death is said to have occurred on the date stated above, at 2:35 P.M.
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
Date of onset 8-24-34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baird Co. Mo.
13. NAME William H. McClure
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Elizabeth Warren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT Jesse McClure (ADDRESS) Exeter, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Exeter Mo. DATE Sept 6 1934
19. UNDERTAKER (ADDRESS) Wm. L. Thomas, Exeter, Mo.
20. FILED 9-6 1934 W. P. Searey Registrar

Other contributory causes of importance: None
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? None. Date of injury None, 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) Wm. L. Thomas M. D.
(Address) Exeter, 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.

