

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

Do not use this space

42889

JAN 8 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 8062
 City Kansas City (No. 214 Garfield) St. 2272 Ward)

2. FULL NAME

Meade Lowrie McClure

(a) Residence, No. 214 Garfield 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oma Reynolds McClure		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1863		
7. AGE	YEARS 71	MONTHS 6
	DAYS 29	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Banker-Federal Reserve	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agent	
	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)	Pennsylvania	
13. NAME	Hugh L. McClure	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Pennsylvania	
15. MAIDEN NAME	Rhoda Ann Lowrie	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Pennsylvania	
17. INFORMANT (ADDRESS)	Mrs Meade L. McClure 214 Garfield	
18. BURIAL, CREMATION, OR REMOVAL PLACE	Mausoleum Mt. Moriah DATE Dec 7 1934	
19. UNDERTAKER (ADDRESS)	Stephens of the McClure 2285 William Plaza	
20. FILED	12-7 34 M.M. Crowe arch Registrar.	

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5, 1934
22. I HEREBY CERTIFY, That I attended deceased from
 Dec 5, 1934, to _____, 19____
 I last saw him alive on Dec 5, 1934. Death is said to have occurred on the date stated above, at _____ A. 6:30
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion while asleep. Died about two hours after onset. 946
 Date of onset 12-5-34

Other contributory causes of importance:
 Arteriosclerosis. 3 yrs ago had cerebral hemorrhage caused partial paralysis of left side - improved very much - scarcely noticed.
 Name of operation _____ 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? _____ 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? _____
 If so, specify _____
 (Signed) C.B. Merriman, M. D.
 (Address) 1318 Bryant Bldg

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.

