

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

Do not use this space.

APR 2 1935

7911

1. PLACE OF DEATH

County Worth Co.
Township Smith
City Worth (No. 116)

Registration District No. 903
Primary Registration District No. 6211

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sara Jane Davis McClain
(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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles McClain
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1863
7. AGE YEARS 71. MONTHS 8 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Illinois

MOTHER FATHER 13. NAME Marion P. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Rephella Dehart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) J. J. Braun

18. BURIAL, CREMATION, OR REMOVAL PLACE Worth DATE Feb 9, 1935

19. UNDERTAKER (ADDRESS) Braun Bros. Funeral Home, Worth, Mo.

20. FILED Medley, 1935 Worth, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934 to Feb 7, 1935
I last saw her alive on Feb 7, 1935. Death is said to have occurred on the date stated above, at 1:30 am.

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

Causes of bowels
HO
Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. J. Braun, M. D.
(Address) Worth, 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.

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