MAY 23 1935

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

Do not use this space.

1. PLACE OF DEATH 16
County Cape Girardeau
Township Byrd
City .... (No. .... St. .... Ward)

Registration District No. 124
Primary Registration District No. 5179

File No. 12137
Registered No. 13

2. FULL NAME Jerry 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 ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Belle Penny McClain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 27 · 1868

7. AGE: YEARS 66, MONTHS 11, DAYS 1. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farming
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): Old Appleton, Mo.

FATHER
13. NAME: James McClain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

MOTHER
15. MAIDEN NAME: DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

17. INFORMANT: Alphonso Lacy
(ADDRESS): Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wilson Cemetery DATE: April 30, 1935

19. UNDERTAKER: Cracraft-Miller
(ADDRESS): Jackson, Mo.

20. FILED 4-30, 1935 D. G. Seiberg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935, to Apr 27, 1935
that I last saw h.im alive on Apr 27, 1935 Death is said to have occurred on the date stated above, at 1:40 .m.

The principal cause of death and related causes of importance were as follows: Cerebral Apoplexy — Date of onset: 22 hours

120a

Other contributory causes of importance: Chr. Bronchial Asthma — 10 yr

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? No
If so, specify ...
(Signed) G. R. Schorr, M. D.
(Address) Jackson 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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