

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.

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

Do not use this space.

007 17 1935

791
1003

31103

1. PLACE OF DEATH

County.....
Township.....
City.....
17 7926

Registration District No.....
Primary Registration District No.....
City.....

File No.....
Registered No. 7898
St..... Ward.....

2. FULL NAME

JOHN MC CLAIN

(a) Residence, No. 2317 1/2 10th St. 23 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 9 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

3. SEX M	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 Rosalie Mc Clain		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15 1870		
7. AGE YEARS 65	MONTHS 0	DAYS 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (Retired)		
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		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1935
22. I HEREBY CERTIFY, That I attended deceased from 8/19, 1935 to Sept 19, 1935
I last saw him alive on 8/19, 1935. Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:
Cholecystitis, chronic
Cholelithiasis, chronic
Nephroses
126
Other contributory causes of importance:
Arteriosclerosis general.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
13. NAME Dave Mc Clain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
15. MAIDEN NAME Martha Crosby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

Name of operation Cholecystectomy Date of 9/13/35
What test confirmed diagnosis? Spec. Was there an autopsy? Yes.

17. INFORMANT (ADDRESS) J. H. Bredeck
18. BURIAL, CREMATION, OR REMOVAL PLACE Martin Linn. DATE Sept 22, 1935
19. UNDERTAKER (ADDRESS) A. W. McLaughlin 2301 Lafayette
20. FILED SEP 20 1935 19 J. H. Bredeck Registrar.

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) J. H. Bredeck, M. D.
(Address) City St. Joseph

