

NOV 13 1935

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

Do not use this space.

1. PLACE OF DEATH

County Saline Registration District No. 797 File No. 34839
Township Wheat Primary Registration District No. 6040 Registered No. 20
City Miami (No. _____) St. _____ Ward _____

2. FULL NAME

Harold 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 0

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-35

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miami, Mo.

13. NAME Harold E. McClain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co., Mo.

15. MAIDEN NAME Dorothy E. David

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co., Mo.

17. INFORMANT (ADDRESS) Harold E. McClain
Miami, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wheat, Mo. DATE 10-11-35

19. UNDERTAKER (ADDRESS) Hambley
Miami, Mo.

20. FILED 10-11-1935 Mrs. Aubrey Haynes (Registered)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-1935

22. I HEREBY CERTIFY, That I attended deceased from 10-11-1935 to 10-11-1935

I last saw him alive on 10-11-1935 Death is said

to have occurred on the date stated above, at 11:03 A.M.

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

Date of onset

Pneumonia
5 1/2 months

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 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) Frank H. Halloran, M. D.

(Address) Miami 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.

