

APR 28 1936

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

Do not use this space.
McClure
8841

1. PLACE OF DEATH

County St. Louis Registration District No. 821
Township Crickland Primary Registration District No. 6070
City Crowder, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

(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 35 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5-1884</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>0</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blind -</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Received Blind</u>	
	10. Date deceased last worked at this occupation (month and year) _____ <u>Sept Co. Mo.</u> Total time spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
MOTHER	13. NAME <u>Geo. W. Mercer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Mahala A. Card</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>Mr. J. A. Dugger</u> (ADDRESS) <u>St. Louis, Mo.</u>		
18. BURIAL PLACE <u>Crematorium, Mo.</u> DATE <u>July 23, 1936</u>		
19. UNDERTAKER <u>J. W. Dugger</u> (ADDRESS) <u>St. Louis, Mo.</u>		
20. FILED <u>4-3</u> 1936 <u>J. W. Dugger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1936, to Feb. 22, 1936
I last saw him alive on Feb. 22, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Date of onset
Diabetes Mellitus 15yr.
Other contributory causes of importance:
Diabetic Gangrene of legs & feet 17mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab Was there an autopsy? No

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) Thomas C. McClure, M. D.
(Address) St. Louis, 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.

