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.

JUN 27 1936

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

Do not use this space.

13671-a

1. PLACE OF DEATH
County Scotland — Registration District No. 811 — File No. 6
Township Sand Hill — Primary Registration District No. 6059 — Registered No.
City (No. St. Ward)

2. FULL NAME J. L. B. McClamroch
(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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1858

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	3	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Knox Co. Mo.

FATHER
13. NAME John McClamroch.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Amy Beal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) J. W. McClamroch Rutledge, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sand Hill DATE 19

19. UNDERTAKER (ADDRESS) Geth & Barkett Torin Mo

20. FILED May 25, 1936 Mary Lee Hume Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1935, to Mar 16, 1936
I last saw him alive on Mar 16, 1936 Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Precox	

Other contributory causes of importance:
Chronic Valvular heart disease

Name of operation none 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) Dr A E Plaster, M. D.
(Address) Memphis Mo.