

MAY 14 1936

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

Do not use this space.

14040

1. PLACE OF DEATH Boone
County.....Cedar Registration District No. 71
Township.....Cedar Primary Registration District No. 5110A
City.....No. 71 St. Ward)
2. FULL NAME Grover Mc Clanahan
(a) Residence, No. R. 4 Columbia 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mamie Evans Mc Clanahan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8 1888</u>		
7. AGE	YEARS	MONTHS
	<u>47</u>	<u>11</u>
		DAYS
		<u>15</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>Farmer</u>	
	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) <u>Boone Co mo</u>		
MOTHER	13. NAME <u>EARL Jr Mc Clanahan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co mo</u>	
	15. MAIDEN NAME <u>Martha Francis Lyons</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co mo</u>	
17. INFORMANT <u>Mrs Grover Mc Clanahan</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Salem</u> DATE <u>April 25 1936</u>		
19. UNDERTAKER <u>R. O. Willatt</u> (ADDRESS) <u>Columbia MO</u>		
20. FILED <u>4/17</u> 19 <u>36</u> <u>Mable S. Nichols</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1936 to April 23 1936
I last saw him alive on April 23 1936 Death is said to have occurred on the date stated above, at 4:30 A. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of
liver
Date of onset

Other contributory causes of importance None

Name of operation None Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify.....
(Signed) H. B. Pryor M. D.
(Address) Ashtland 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.

JUL 11 1950

FEB 20 1950

MAR 20 1950