

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

AUG 21 1936

27049

1. PLACE OF DEATH

County Gasper Registration District No. 411 File No. _____
 Township Joplin Primary Registration District No. 37002 Registered No. _____
 City Joplin Mo St. _____ Ward _____

2. FULL NAME

Joseph P. McClellan
 (a) Residence No. 1220 Rumpke Bldg. Bld. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie McClellan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 last 4 24

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

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) Capeville

MOTHER 13. NAME Bailey McClellan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME no Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

17. INFORMANT Mrs Mattie McClellan

(ADDRESS) Joplin Mo

18. BURIAL, CREMATION OR REMOVAL PLACE M Calvary DATE 8/1 36

19. UNDERTAKER (ADDRESS) Hurd & Wood Co

20. FILED 8-3-36 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1936

22. I HEREBY CERTIFY That I attended deceased from Oct. 1935 to July 30, 1936

I last saw him alive on 7/28, 1936 Death is said to have occurred on the date stated above, at 8:30 P. M.

The principal cause of death and related causes of importance were as follows:
Cerebral arteriosclerosis
 Date of onset ?

Other contributory causes of importance: 97

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Carl L. Key M. D.
 (Address) Joplin, Mo.

