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.

SEP 29 1936

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

Do not use this space.

32185

1. PLACE OF DEATH
County St. Louis — Registration District No. 333 — File No.
~~Township~~ Ferguson Town — Primary Registration District No. 4468 — Registered No. 175
~~City~~ (No. Robertson, Mo. Route #1 St. Ward)

2. FULL NAME Julia Philista McClenahan
(a) Residence, No. Robertson, Mo. Route #1 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Henry Mc Clenahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 1855 ?

7. AGE: YEARS 81 — MONTHS 7 — DAYS ? — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Prairie Du Roche Illinois

FATHER
13. NAME: Alex Godare
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Constance Visor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): S. N. McClenahan, Robertson, Mo. Route #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flat River, Mo. DATE Aug. 26th 1936

19. UNDERTAKER (ADDRESS): Albert H. Hoppe, 429 N. Euclid Avenue

20. FILED 8/26 1936 W. A. Zeitler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935, to Aug 24, 1936
I last saw h[illegible] alive on Aug 24, 1936. Death is said to have occurred on the date stated above, at 3:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	
106a	

Other contributory causes of importance:

Senility

Name of operation ✓ Date of
What test confirmed diagnosis? Cli 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) [illegible], M. D.
(Address) 4559 Cadet