

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 21 1936

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

Do not use this space.

35311

1. PLACE OF DEATH

County Randolph

Registration District No. 734

Township Jackson

Primary Registration District No. 5968

City Jacksonville (No. _____ St. _____ Ward _____)

2. FULL NAME

Mrs Lou Hore McClure,

(a) Residence, No. _____

(Usual place of abode)

West Of Jacksonville

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. McClure

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont Know.

7. AGE YEARS 73 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ mln.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hours Wife 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Randolph Co. (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Lobban

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

MOTHER 15. MAIDEN NAME Lucy McCormick,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT Sam Lobban, (ADDRESS) Jacksonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eads Chapel DATE Sept 6th 36

19. UNDERTAKER Snow Funeral Home (ADDRESS) Moberly, Mo.

20. FILED Sept 6 1936 A. M. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5th 36 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936, to Sept 5, 1936 I last saw her alive on Sept 5, 1936 Death is said to have occurred on the date stated above, at 8.30 AM.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage - Arterial Hypertension

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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? _____ If so, specify _____

(Signed) Donald E. Shad, M. D.

(Address) Jacksonville, Mo.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535