

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Salem
City Street (No. _____)

Registration District No. 290
Primary Registration District No. 5408

File No. 37284
Registered No. 60
St. _____ Ward _____

2. FULL NAME

Claudia John McKuin

(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 <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>Laura McKuin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 8, 1895</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>1</u>	DAYS <u>18</u>
		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 <u>Life</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1936, to Oct 26, 1936

I last saw him alive on Oct 20, 1936. Death is said to have occurred on the date stated above, at 6:15 A.M.

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

Pneumonia Lobos 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 _____, 1936

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) A. J. Dempsey, M. D.

(Address) Sumner Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>
	13. NAME <u>C. McKuin</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>
	15. MAIDEN NAME <u>Mary E. Watson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>
	17. INFORMANT (ADDRESS) <u>J. R. McKuin</u> <u>Spring City Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marion Ark</u> DATE _____ 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>Wm. B. Beards</u> <u>Marion Ark</u>	
20. FILED <u>Dec. 15</u> , 19 <u>36</u> <u>A. J. Dempsey</u> Registrar.	

