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.

JAN 19 1932

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

Do not use this space.

44913

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 3021 Campbell St. Ward)

File No.
Registered No. 5485

2. FULL NAME Mrs. Louvena Callie McClure
(a) Residence, No. 3021 Campbell 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: 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: William E. McClure

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 4, 1857

7. AGE: YEARS 79 — MONTHS 4 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Missouri

FATHER
13. NAME: William F. Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Mary Wisdom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs S. A. Riggs 3021 Campbell St

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Sheldon, Mo. DATE Dec. 23, 1936

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza

20. FILED Dec 21, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1932, to Dec 20, 1936
I last saw her alive on Dec 20, 1936. Death is said to have occurred on the date stated above, at A. m. 6:47
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	Mar 1936
Chronic Interstitial Nephritis before	1932

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? 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) Wilbur A Baker, M. D.
(Address) 1030 Argyle Bldg. K.C. Mo.

Apple Bldg

1931