

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.

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1008**  
City **St. Louis** (No. **5379 N. Kingshighway Blvd.**) St. .... Ward)

File No. **21704**  
Registered No. **5456**

2. FULL NAME **Susan May McClure**

(a) Residence, No. **5379 N. Kingshighway St.** Ward. **7**  
(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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Harold McClure</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June 23rd, 1887</b>		
7. AGE YEARS <b>49</b>	MONTHS <b>11</b>	DAYS <b>7</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housewife</b>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 30th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 14th**, 1937, to **May 30th**, 1937.  
I last saw her alive on **May 30th**, 1937. Death is said to have occurred on the date stated above, at **7:20 P.M.**  
The principal cause of death and related causes of importance were as follows:

**Obstruction of bowels caused by non-malignant fibroid**  
Date of onset **5-25-37**

Other contributory causes of importance:  
**Hysterectomy for Diploid tumor (cf. about two years duration)**  
Name of operation **Hysterectomy** Date of **5-21-35**  
What test confirmed diagnosis? **Clump** 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) **Joseph M. Trigg**, M. D.  
(Address) **1427 Westopulstan Bldg.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **Thomas Murcock**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

15. MAIDEN NAME **Susan Paule**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Harold McClure**  
(ADDRESS) **5379 N. Kingshighway**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Bellefontaine Cem.** DATE **June 2nd 1937**

19. UNDERTAKER **Drehmann Naval**  
(ADDRESS) **1905 Union Blvd.**

20. FILED **JUN 1 1937**  
**MAY 29 1937** **J. J. Brudick**  
Registrar.

OCCUPATION  
FATHER  
MOTHER

899

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