

NOV 16 1937

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

Do not use this space.

37420

1. PLACE OF DEATH

County Chariton
Township Triplett
City (No. St. Ward)

Registration District No. 177
Primary Registration District No. 5248-1

File No. 22
Registered No. 22

2. FULL NAME John A. McCluhan

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel McCluhan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20th 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
71 10 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Aledo, Ill

13. NAME Thomas McCluhan

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

15. MAIDEN NAME Jane Armstrong

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

17. INFORMANT (ADDRESS) Mrs John McCluhan Triplett Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McCullough DATE Oct 30 1937

19. UNDERTAKER (ADDRESS) S. L. Leopard Mendon Mo.

20. FILED Oct 29 1937 R. P. Price Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1937

22. I HEREBY CERTIFY, That I attended deceased from July 31st, 1937 to Oct 28th, 1937

I last saw him alive on Oct 24th, 1937. Death is said to have occurred on the date stated above, at 12.35 A.M.

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

Disease of the valves of the heart

Date of onset

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?

If so, specify (Signed) W. B. Lucas, M. D. (Address) Mendon Mo.

CHECK OF DEATH IN PAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT SIGNATURE OF OCCUPATION IS VERY IMPORTANT.

