JAN 15 1938

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

Do not use this space.

File No. 44831
Registered No. 1436

1. PLACE OF DEATH
County: BUCHANAN
Township: WASHINGTON
City: ST. JOSEPH, (No. ST. JOSEPH HOSPITAL St. Ward)
Registration District No. 85
Primary Registration District No. 1001

2. FULL NAME: HENRY L. McCLAIN
(a) Residence, No. 1408 SOUTH 16TH ST. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: SOPHIA McCLAIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOVEMBER 30, 1864

7. AGE: YEARS 73 | MONTHS 1 | DAYS 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: EMPLOYEE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: MITCHELL HILL SEED COMPANY,
10. Date deceased last worked at this occupation (month and year): UNK
11. Total time (years) spent in this occupation: 6 YRS.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): HALLECK, MISSOURI

FATHER
13. NAME: JAMES McCLAIN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN KENTUCKY

MOTHER
15. MAIDEN NAME: HARRIETT UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN KENTUCKY

17. INFORMANT: SOPHIA McCLAIN
(ADDRESS) 1408 So. 16TH, ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORA CEMETERY, DATE JAN 3, 1938, 19

19. UNDERTAKER: FLEEMAN & SON INC.
(ADDRESS) 1946 COLHOUN ST. JOSEPH, MO.

20. FILED 1-7-38, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): DEC. 31, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1937, to Dec. 31, 1937
I last saw h. I.M. alive on Dec 30, 1937. Death is said to have occurred on the date stated above, at 9:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolic Pulmonary Artery (Sudden)	Dec 31-37

Other contributory causes of importance: Fracture acetabulum Rt. + Fracture Rt. Sacrum. Dec 11-

Name of operation: Traction Date of 12-11-37
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 11, 1937
Where did injury occur? St. Joseph, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury: Struck by truck
Nature of injury: Fracture of both above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. S. Conrad, M. D.
(Address) St Joseph Mo.

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.