

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

Do not use this space.

1. PLACE OF DEATH
 113 County Warren 110 Registration District No. 903 File No. 4510
 Township Franklin Primary Registration District No. 6211 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Charles Thomas McClain 245
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Sarah McClain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Gallia County Ohio

FATHER 13. NAME John McClain
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keystone Furnace Ohio

MOTHER 15. MAIDEN NAME Ann Murray
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North County Perry, Mo.

17. INFORMANT (ADDRESS) Walter McClain Selma, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Risk DATE Oct-24-1937

19. UNDERTAKER (ADDRESS) Brown Bros Denver, Mo.

20. FILED Feb 8, 1938 Fred Mullins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1937, to Oct. 23, 1937
 I last saw him alive on Oct. 23, 1937. Death is said to have occurred on the date stated above, at 1 A. m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia (lobar) Date of onset _____

Other contributory causes of importance: HT

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) Thomas M. D. M. D.
 (Address) _____

CAUSE OF DEATH IN PART UNKNOWN

RECEIVED

FEB. 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

45-10
Do not use this space.

1. PLACE OF DEATH
 (a) County Worth Registration District No. 903
 (b) Township Smith Primary Registration District No. 6211 Registered No. _____
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Thomas McClain
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS <u>22</u>	MONTHS <u>4</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER

13. NAME _____

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

MOTHER

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19__

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 3-22-38 J. M. Muel Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__.

I last saw h. _____ alive on _____, 19__.

Death is said to have occurred on the date stated above, at _____ m.

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

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 _____, 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) P. J. Ross _____, M. D.
 (Address) Grant City mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-4510

1938