

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.

DEC 23 1938

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

Long Do not use this space.

Ball 3044
7768
5749
668

1. PLACE OF DEATH

County Pattis
Township _____
City Sedalia

Registration District No. 668
Primary Registration District No. 3032
(No. 1020 S. Kentucky)

File No. 5749
Registered No. 668
St. _____ Ward _____

2. FULL NAME Peter D. McClain 945

(a) Residence, No. 1020 S. Kentucky 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 Male 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 Florence

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 19, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 11 12

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

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) Missouri
(STATE OR COUNTRY)13. NAME McClain14. BIRTHPLACE (CITY OR TOWN) Carroll
(STATE OR COUNTRY) Mo15. MAIDEN NAME Ann Stevens16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)17. INFORMANT Ross McClain
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Feb. 1, 193819. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Missouri.20. FILED 2-5 1938 John Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31, 193822. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1938 to Jan 31, 1938

I last saw him alive on Jan 30, 1938 Death is said to have occurred on the date stated above, at 4:30 pm.

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

Myocarditis Date of onset Jan 16
Expenses of lungs Jan 29

Other contributory causes of importance:

Disrupted appendix Jan 13
Hemorrhage of appendix Jan 29
Asphyxiated

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? NO

If so, specify _____
(Signed) Frank B. Lewis, M. D.

664. (Address) Sedalia Mo.

