

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.

REC'D MAR 23 1938

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

7797
 Do not use this space.

1. PLACE OF DEATH
 (a) County Phelps Registration District No. 677
 (b) Township < Rolla Primary Registration District No. 440.3 Registered No. 33
 (c) City Rolla (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 Mildred McClure 246
 (a) Residence, No. Rolla, Mo 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>MURKIN</u> (OR) WIFE OF <u>Robert McClure</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>AUG. 29, 1917</u>		
7. AGE <u>20</u> YEARS	MONTHS <u>6</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Shoe Factory</u>		
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) <u>Blooming Rose Mo</u>		
FATHER	13. NAME <u>Herbert Ellis</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blooming Rose Mo</u>	
MOTHER	15. MAIDEN NAME <u>Lucy Mobley</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blooming Rose Mo</u>	
17. INFORMANT (ADDRESS) <u>Edwin Blairon Blooming Rose</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Big Piney</u> DATE <u>2-22-38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Null and Son Rolla, Mo</u>		
20. FILED <u>Feb 22 1938 J. F. Ayers</u> <small>Local Registrar.</small>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20, 1938

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:
accident, Train hitting auto
Broken neck, Left leg broken with general bruises
 Date of onset 2-20

Other contributory causes of importance:
Was driving own car and was killed between train and signal block post - nearly ran and threw her through the windshield

Name of operator _____ Date _____
 What test conducted _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 2-20, 1938.
 Where did injury occur? in Rolla Mo
(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Train hitting auto
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Y
 If so, specify _____
 (Signed) Oral E. Luehlyr Coroner
 (Address) St James mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

..... Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)