REC'D APR 4 1938

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

Do not use this space.

File No. 11169

Registered No. 14

1. PLACE OF DEATH
County: Jefferson
Township: Rock
City: ..... (No. ..... St. ..... Ward)

Registration District No. 423
Primary Registration District No. 5578

2. FULL NAME: Edward J. 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: Life 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 24 1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): Jefferson County 0

FATHER
13. NAME: John McClain 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 0

MOTHER
15. MAIDEN NAME: Sarah Herrington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson

17. INFORMANT (ADDRESS): Eugene McClain Fenton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maxville Mo. DATE: Mar. 30 19 38

19. UNDERTAKER (ADDRESS): Kenneth W. Koch Fenton Mo.

20. FILED: Mar 29th 1938 Phil J. Kirk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 27 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938, to March 27, 1938
I last saw him alive on March 27, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
Duration - 5 days	
9 & C	

Other contributory causes of importance:
Chronic Myocarditis
Duration - 2 years

Name of operation: none Date of: —
What test confirmed diagnosis? Clinical & chronic findings Was there an autopsy? No

23. If death was due to external cause (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) A. L. Hatch, M. D.
(Address) 3606 Gravois

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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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

T X9314

This is to certify that
I, Kenneth W Koch have
prepared the body on reverse
side for Burial Gis. No X3047

Kenneth W Koch