

REC'D JUN 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
 Townshp Hubble
 City (No. _____) _____

Registration District No. 130
 Primary Registration District No. 5174A

File No. 17946
 Registered No. _____

2. FULL NAME

Marion Franklin Mc Clard

(a) Residence, No. Cape Girardeau Co. Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Corintha Summers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13, 1860</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>10</u>
	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splnner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nellyslanding Missouri</u>	
	13. NAME <u>Joshua Mc Clard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Co. Missouri</u>	
	15. MAIDEN NAME <u>Amanda Proffer</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Co. Missouri</u>		
17. INFORMANT <u>Willard Mc Clard</u> (ADDRESS) <u>Jackson, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jackson, Mo.</u> DATE <u>June 16th 1938</u>		
19. UNDERTAKER <u>Mauck-Wilson-Howard, Inc.</u> (ADDRESS) <u>Jackson, Mo.</u>		
20. FILED _____ 19 _____ Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6-193822. I HEREBY CERTIFY, That I attended deceased from 6-15-1938, to 4-14-1938

I last saw him alive on 4-14-1938. Death is said to have occurred on the date stated above, at 2:10 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

- 121
- ①. Renal Sclerosis -
 - ②. Hernia
 - ③. Umbilical hernia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

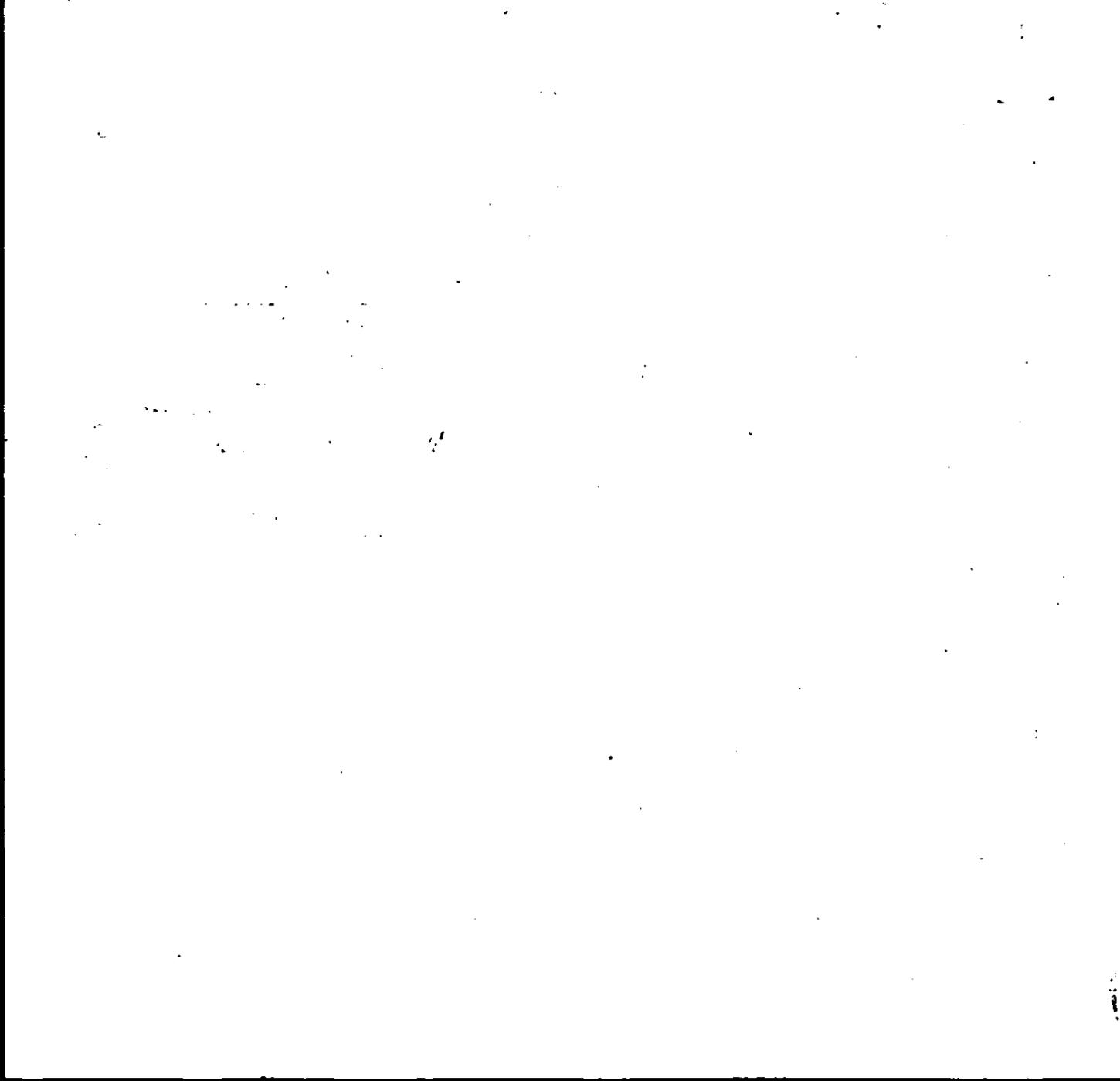
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 6-6-1938, 19

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) Albert M. Estes, M. D.

(Address) Jackson, Mo.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

17946
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 130
 (b) Township Hubble Primary Registration District No. 2174A 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

Marion Franklin McClard
 (a) Residence, No. Cape Girardeau 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 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 Carintha Summers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-13-1860
 7. AGE YEARS 77 MONTHS 10 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Neelys Landing (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joshua McClard
 14. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Amanda Proffer
 16. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) Missouri

17. INFORMANT Willard McClard (ADDRESS) Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson Mo DATE June 6, 1938

19. FUNERAL DIRECTOR Mark Wilson Howard (ADDRESS) Jackson Mo

20. FILED July 11, 1938 Mrs Wm Stickle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5-1938

22. I HEREBY CERTIFY, That I attended deceased from 6-15-1938 to 7-14-1938
 I last saw him alive on Cape Girardeau Mo, 1938. Death is said to have occurred on the date stated above, at 3 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
 Other contributory causes of importance:
1 Renal, petrosi
2 Senility
3 Ventral Hernia

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) Albert M. Estes, M. D.
 (Address) Jackson Mo

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

1938

S-17946