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

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.

20M 10-36 I X7294

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

REC'D AUG 12 1938

Do not use this space.

24022

791

1008

File No. 6716

Registered No.

1. PLACE OF DEATH

County St. Louis - Mo. Registration District No.

Township Primary Registration District No.

City St. Louis - Mo. (No. 3651 Vista Ave. St. Ward)

2. FULL NAME David Leon McClay

(a) Residence, No. Marissa, Ill. St., NR Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 20 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): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-7-38

7. AGE: YEARS | MONTHS: 6 | DAYS: 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. Child

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): Ill.

FATHER

13. NAME: David McClay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER

15. MAIDEN NAME: Elva Baus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Mrs. Elva McClay, Marissa, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Coulterville Ill. DATE: 7/29/1938

19. UNDERTAKER (ADDRESS): Chas. A. Bull, 4457 Washington Bl.

20. FILED: JUL 27 1938 J. D. Biedeck, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-21-, 1938, to 7-27-38, 19..

I last saw him alive on 7-26, 1938. Death is said to have occurred on the date stated above, at 4:20 am.

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

	Date of onset
Enteritis (non specific)	7-16

Other contributory causes of importance:

Rickets
Malnutrition due to improper diet

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? .....

If so, specify .....

(Signed) W. S. Riley, M. D.

(Address) 4660 Maryland.

July 27-1938

I hereby Certify that I embalmed the body of David Leon Mc Clay personally mentioned on the reverse side of this Paper

John Ketter
3880