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

Do not use this space.

10058

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township Washington — Primary Registration District No. 1001 — File No. 211
City St. Joseph (No. St. Hospital #2 St. Ward) — Registered No.

2. FULL NAME Jas. McClure
(a) Residence, No. State Hospital #2 St., Ward. Unionville Mo.
(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. 22 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 no information
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1864
7. AGE YEARS 74 MONTHS 8 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. com. laborer
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) Mo.

FATHER
13. NAME Elliott McClure
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no information

MOTHER
15. MAIDEN NAME Bessie Cain
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Lee McClure, Unionville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Unionville, Mo. DATE March 4, 1939 Burial
19. UNDERTAKER (ADDRESS) F. O. Hustad & Son Unionville, Mo.
20. FILED Mar 3, 1939 H. J. Nettlebush Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1938, to Mar. 2, 1939
I last saw him alive on " " 1939. Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis with chronic myocarditis | ? |
| 155 | |
| Other contributory causes of importance: Lobar pneumonia | 2/27 |

Name of operation none Date of —
What test confirmed diagnosis? Clinic & Was there an autopsy? yes

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) T. T. O'Dell, M. D.
(Address) St. Joseph

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.

V. S. 1-10-36 20M-2-19-36 I X7294

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NOTE: