

JUL 14 1939

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

22723
Do not use this space.

1. PLACE OF DEATH *Monetau, Mo*
 (a) County *Monetau, Mo* Registration District No. *571*
 (b) Township *WALKER* Primary Registration District No. *4385*
 (c) City *CALIFORNIA* (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 *Virginia J Mc Clure*
 (a) Residence, No. _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *FEMALE*
 4. COLOR OR RACE *White*
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *SINGLE*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-12-1865*
 7. AGE YEARS *74* MONTHS *3* DAYS *3*
 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 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. *Ranch owner*
 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) *New Eldon MISSOURI*

FATHER
 13. NAME *GREEN Mc CLURE*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

MOTHER
 15. MAIDEN NAME *MARY Cotton*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT (ADDRESS) *Dr. S. W. Wilson Tipton Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *DOOLEY Cem.* DATE *6-18-39*

19. FUNERAL DIRECTOR (ADDRESS) *Keith McKee 16 Eldon Mo*

20. FILED *6-17-39* *A. R. Popojay* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 15 1939*
 I HEREBY CERTIFY, That I attended deceased from *May 31 1939* to *6-13-39*, 19*39*
 I last saw him alive on *6-13-39*, 19*39* Death is said to have occurred on the date stated above, at *6:15* p. m.

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

Carcinoma Breast

Date of onset
50

Other contributory causes of importance:

Name of operation *Amputation breast* Date of _____ 19*38*
 What test confirmed diagnosis? *Biopsy* 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? *No*
 If so, specify _____ (Signed) *A. D. Pathman*, M. D.
 (Address) *California Mo*

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.

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.)