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.

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

Do not use this space.

33291

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1. PLACE OF DEATH [redacted] OCT 16 [redacted]

County Pulaski — Registration District No. 714 — File No. 3A

Township Piney — Primary Registration District No. 5943 — Registered No. 8

City ~~Big Piney~~ (No. ..... , ... St. ..... Ward)

2. FULL NAME Allen A. McClure

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

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: 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: Ellen McClure

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12/10/1874

7. AGE: YEARS 64 — MONTHS 9 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): about 1937
11. Total time (years) spent in this occupation: about 21 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Robert McClure
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Amanda Crow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Ellen McClure, Big Piney, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Big Piney DATE: 9/19, 1939

19. UNDERTAKER (ADDRESS): Fred H. Gilbert, Dixon, Missouri

20. FILED 10-2-, 1939 S G Koonce, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1939, to Sept. 15, 1939
I last saw him alive on Sept. 13, 1939. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis	1930

Other contributory causes of importance:

Cerebral hemorrhage	1-22-39
" "	9-15-39

Name of operation: None — Date of .....
What test confirmed diagnosis? None — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — Date of injury ....., 19....
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: 0
Nature of injury: 0

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) C. Mallette, M. D.
(Address) Crocker, Mo.