

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

Do not use this space.

11868

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 129
 Township Shannon Primary Registration District No. 5180
 City (No. _____) St. _____ Ward _____

2. FULL NAME John McClaird
 (a) Residence, No. _____ 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.

File No. _____
 Registered No. 17

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 Rola Craft

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-9-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 0 0

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Egypt Mills Mo

13. NAME Wm McClaird

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Egypt Mills Mo

15. MAIDEN NAME Rola Craft

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT John McClaird
 (ADDRESS) Rt 2 Box 222 Newburg Ind Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethel Cent DATE 4-16 1932

19. UNDERTAKER Harris Funeral Home
 (ADDRESS) Cape Girardeau Mo

20. FILED 4-10-32 J. J. Schorn
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-9 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1932, to April 9, 1932
 I last saw him alive on March 28, 1932. Death is said to have occurred on the date stated above, at 9:53 p.m.
 The principal cause of death and related causes of importance were as follows:
influenza
puerperal py
cardiac decompensation
 Date of onset 3-21-32

Other contributory causes of importance: 1

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) R. D. Haylock, M. D.
 (Address) 1000 Commercial Mo.

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.

MAY 28 1932

