

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.

AUG 16 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Rose Mc Clanahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 29 - 1908

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

25

11

20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

FATHER

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

Missouri

13. NAME

Hesse Mc Clanahan

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

Unknown

MOTHER

15. MAIDEN NAME

Pinky Boulderbock

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

Unknown

17. INFORMANT (ADDRESS)

City, Des Moines

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oak Grove Cemetery

19. UNDERTAKER (ADDRESS)

Henry J. Waidmann

20. FILED

20

19

19

J. S. Bredek

Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from

7/10, 1934, to 7/19, 1934

I last saw him alive on 7/19, 1934. Death is said

to have occurred on the date stated above, at 6:25 a.m.

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

Heart Exhaustion?

Other contributory causes of importance:

Dementia Praecox (Catatonia)

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy 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?.....

If so, specify.....

(Signed) L. H. Mott, M. D.

(Address)

L. A. Motchan