

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County ColeRegistration District No. 213

Township

Primary Registration District No. 2011City Jefferson (No. _____)File No. 4362Registered No. 70

St. _____ Ward _____

2. FULL NAME Phillip I. Mc-Clure(a) Residence, No. Centertown, MO. St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14th, 18807. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 3 10

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)

Missouri13. NAME Charles Mc-Clure

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

Ohio.15. MAIDEN NAME Francis Long

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

No Record17. INFORMANT Mrs. P. I. Mc-Clure (ADDRESS) Centertown Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Centertown Cem. DATE 2/26 193419. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.20. FILED 2-24- 1934 D. B. Bradford Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24th, 1934 . 193422. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1934, to Feb 24, 1934I last saw him alive on Feb 23, 1934. Death is saidto have occurred on the date stated above, at 2 A. M.

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

acute appendicitis with perforation Date of onset Feb 22
1934

Other contributory causes of importance:

Diabetes 1922Name of operation appendectomy Date of Feb 23
What test confirmed diagnosis? clinical Was there an autopsy? no23. 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? noIf so, specify _____ (Signed) Jas. A. Wolf, M. D.(Address) Jefferson City 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.

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