

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

Do not use this space.

APR 27 1936

13658
69

1. PLACE OF DEATH

County Schuyler
Township Liberty
City (No. St. Ward)

Registration District No. 805
Primary Registration District No. 6050

File No. _____
Registered No. _____

2. FULL NAME

James Parish McClellan
(a) Residence, No. _____ 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Scotland Co mo.

13. NAME George W McClellan

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

15. MAIDEN NAME Synthia Newkirk

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

17. INFORMANT (ADDRESS) Ruth McClellan Lancaster mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lancaster DATE Mar 7 1936

19. UNDERTAKER (ADDRESS) Loyd Moore 10 Downing mo.

20. FILED Mar. 10. 1936 Byrdie H. Drake Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1936, to Mar 4, 1936

I last saw him alive on Mar 4, 1936. Death is said to have occurred on the date stated above, at 4:30 am.

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

Bronchial Pneumonia Date of onset _____

Other contributory causes of importance: old age

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? No.
If so, specify _____
(Signed) Dr. R. E. Vaughn D.D. M.D.
(Address) Lancaster, 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.

