

MAR 25 1937

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

Do not use this space.

7847

87

1. PLACE OF DEATH

County Duple
Township Stouard
City Frank

Registration District No. 751
Primary Registration District No. 5990

File No. 87
Registered No. 1381
St. _____ Ward)

2. FULL NAME

(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.

Joseph Sarah Mcclain
Frank

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 19375A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Mcclain22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1937, to Feb 16, 19376. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1873I last saw her alive on Feb 15, 1937. Death is said7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
03 7 22to have occurred on the date stated above, at 4.0 m.
The principal cause of death and related causes of importance were as follows:8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmerLobar pneumonia

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 _____

Date of onset

12. BIRTHPLACE (CITY OR TOWN) Obion Co (STATE OR COUNTRY) Tenn.Other contributory causes of importance: 10813. NAME Samuel McclainName of operation none Date of _____14. BIRTHPLACE (CITY OR TOWN) Obion Co (STATE OR COUNTRY) Tenn.What test confirmed diagnosis? disul Was there an autopsy? no15. MAIDEN NAME Elizabeth Hood

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) Obion Co (STATE OR COUNTRY) Tenn.

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Wook Bishop (ADDRESS) Waxley no

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackwell 2/17, 1937

Manner of injury _____

19. UNDERTAKER none effected (ADDRESS) _____

Nature of injury _____

20. FILED 7/17, 1937 Heenrich Registrar.24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. C. ..., M. D.(Address) Waxley no

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

