MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH
31 County Daviess
2 Township
2 City Gallatin Mo (No. ..... St. ..... Ward)

Registration District No. 250
Primary Registration District No. 4150

File No. 16192
Registered No. 13

2. FULL NAME Carol Sue McClure

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19-1937

7. AGE YEARS MONTHS DAYS Born Dead. If LESS than 1 day, ... hrs. or ..... min.

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. ✓
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) Gallatin Mo

FATHER
13. NAME Carl McClure
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lock Springs Mo

MOTHER
15. MAIDEN NAME Lorena Shaffer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamesport Mo

17. INFORMANT (ADDRESS) Carl McClure Gallatin, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Lock Springs Mo DATE April 21 1937

19. UNDERTAKER (ADDRESS) O. L. Roberson Jamesport, Mo

20. FILED April 21 1937 H. A. Hope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1937, to Apr. 14, 1937

I last saw her alive on Born Dead 20, 1937. Death is said to have occurred on the date stated above, at 6 a.m.

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

	Date of onset
Stillborn	

Other contributory causes of importance:
Strangulation of cord.
Toxemia of mother

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) J. B. Bailey DC, ~~M.D.~~
(Address) Jamesport, Mo.