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.

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kc, Mo (No. General Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 33205
Registered No.

2. FULL NAME Moses McClair
(a) Residence, No. 1527 Tracy 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 male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1st 1872
7. AGE YEARS 64 MONTHS 9 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Solomon Co Mo

FATHER
13. NAME Moses McClair
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Saline

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) 1527 Tracy
18. BURIAL, CREMATION, OR REMOVAL
PLACE West Lawn DATE Sept 1937
19. UNDERTAKER (ADDRESS) Associated Mortuary 1409 E 19 St
20. FILED Sept 7, 1937 M. McGeorge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3-, 1937
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw him alive on ....., 19.... Deputy Coroner Death is said to have occurred on the date stated above, at 4:35 AM.
The principal cause of death and related causes of importance were as follows:
Automobile Traumatism
Concussion of Brain
Subpontile Hemorrhage
Date of onset
Other contributory causes of importance:
210 M
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? Acc Date of injury 9-1-, 1937
Where did injury occur? Cor 13th Paseo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place.
In Street 13th Paseo
Manner of injury Auto Traumatism
Nature of injury Concussion of Brain
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Lucian Richardson, M. D.
(Address) 1832 Vine