

AN 21 1929

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

Do not use this space.

39340

1. PLACE OF DEATH

County Barry
Township Exeter
City St. Clair

Registration District No. 34
Primary Registration District No. 6239

File No. 14
Registered No. 14
St. St. Clair Ward 1

2. FULL NAME

(a) Residence No. Jacob S. McChure St. St. Clair Ward 1

(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

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

Ella McChure

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

Jan. 25 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

63

11

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Barton Co. Mo.

10. NAME OF FATHER

Jacob Kuber McChure

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Idaho

12. MAIDEN NAME OF MOTHER

Eliza Smeaningum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT

(Address)

Vance Drowns

15.

FILED

12/28/28 Mrs. V. P. Searey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-27 19 28

17.

I HEREBY CERTIFY, That I attended deceased from Part 5 or 12 months 19 28

that I last saw him alive on Dec-15 19 28, and that death occurred, on the date stated above, at 10-10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of lungs

(duration) several years

CONTRIBUTORY (SECONDARY)

(duration) 31 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? No DATE OF 12-27

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. W. Chandler, M. D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cornith Cam

12/28 1928

20. UNDERTAKER

ADDRESS

Wesley H. Bradford

Lawville

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.

