

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.

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

Do not use this space.

SEP 29 1936

32185

1. PLACE OF DEATH
County St. Louis Registration District No. 333
~~Township~~ Ferguson Town Primary Registration District No. 4468
~~City~~ (No. Robertson, Mo. Route #1 St. _____ Ward _____)

2. FULL NAME Julia Philista McClenahan
(a) Residence, No. Robertson, Mo. Route #1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Henry McClenahan

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 7 ?

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Prairie Du Roche
(STATE OR COUNTRY) Illinois

FATHER

13. NAME Alex Godare

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

MOTHER

15. MAIDEN NAME Constance Visor

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

17. INFORMANT S. N. McClenahan
(ADDRESS) Robertson, Mo. Route #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flat River, Mo. DATE Aug. 26th 1936

19. UNDERTAKER Albert E. Hoppe
(ADDRESS) 429 N. Euclid Avenue

20. FILED 8/26 1936 W.A. Zeitler
Regist. Rev. G. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1935 to Aug 24 1936
Last saw him alive on Aug 24 1936 Death is said to have occurred on the date stated above, at 3:20 p. m.

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

acute Bronchitis
106 a

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? chi Was there an autopsy? no

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) Walter Simpson M. D.
(Address) H. 559 Cadet

