(P. O. Address).....

(1) PLACE OF DEATH COUNTY OF Washington

(Show on line below the name of place *where death occurred; give either City* (or Village) or Township (or Road District), *not both.) Township, or Road District, or Village, or City, of* Oakdale

Registration Dist. No. 7935

Primary Dist. No. 7935

STATE OF ILLINOIS
Department of Public Health—Division of Vital Statistics
STANDARD CERTIFICATE OF DEATH

ORIGINAL

Registered No. 11 (Consecutive No.)

Street and Number, No. ..... St.; ..... Ward, ... Hospital.
(If death occurred in hospital or institution, give its name instead of street and number)

(2) FULL NAME Jas. H. McClurken

(a) Residence. No. ..... St.; ..... Ward, ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

Has decedent ever served in military or naval service of U. S.? No

PERSONAL AND STATISTICAL PARTICULARS

(3) SEX: Male

(4) Color or Race: White

(5) Single, Married, Widowed or Divorced (Write the word): Widower

(5a) If married, widowed or divorced HUSBAND of (or) WIFE of: Widower

(6) DATE OF BIRTH March (Month) 29 (Day), 1845 (Year)

(7) AGE 90 years 7 months 14 days; If less than 1 day ..... hrs. OR ..... min.

(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): Oakdale
(c) Name of employer: Ill

(9) BIRTHPLACE (city or town): Oakdale
(State or Country): Ill

PARENTS

(10) NAME OF FATHER: Jas. McClurkin

(11) BIRTHPLACE OF FATHER
(city or town): South Carolina.
(State or Country): .....

(12) MAIDEN NAME OF MOTHER: Sarah Rodeman.

(13) BIRTHPLACE OF MOTHER
(city or town): So Carolina
(State or Country): .....

(14) INFORMANT: Bertha M McClurken
Address: Oakdale Ill

(15) Filed Nov 15, 1933 C E Kaufman Registrar.
(P. O. Address) Oakdale Ill.

MEDICAL CERTIFICATE OF DEATH

(16) DATE OF DEATH Nov. (Month) 13 (Day), 1933 (Year)

(17) I HEREBY CERTIFY, That I attended deceased from August, 19....., to ....., 19....., that I last saw h. ..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Apoplexia Steaks
Cerebral Hemorrhage

(Duration ..... years ..... months ..... days)

Contributory (Secondary) .....

(Duration ..... years ..... months ..... days)

(18) WHERE WAS DISEASE CONTRACTED

If not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? ..... Coroner
(Signed) Paul H Drake, M.D.
Address Rochelle Ill
Date Nov 13, 1933 Telephone 720 N

*N. B.—State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the Coroner. See Section 10, Coroner's Act.

(19) PLACE OF BURIAL OR REMOVAL: Oakdale Oakdale Ill

(21) DATE OF BURIAL: Nov 15, 1933

(20) UNDERTAKER: R. M. Burns
Burns Bros

ADDRESS: Butterfield Ill