

FEB 20 1928

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

Do not use this space.

4491

1. PLACE OF DEATH

County DouglasRegistration District No. 272Township AvaPrimary Registration District No. 4165City Ava

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Martha P. Clunkingbeard

(a) Residence. No. _____ S. _____ 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

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFRobt. A. Clunkingbeard6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18-1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.821117

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHouse wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Genoa

(STATE OR COUNTRY)

10. NAME OF FATHER Thos. D. Vandell11. BIRTHPLACE OF FATHER (CITY OR TOWN) Genoa

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Deat. Know13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Deat. Know

(STATE OR COUNTRY)

14. INFORMANT Paul Clunkingbeard(Address) Ava Mo.15. FILED 2/3 1928 E. B. Harman

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

216. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1 1928

17.

I HEREBY CERTIFY That I attended deceased from Feb. 1to Feb. 1, 1928, to Feb. 1, 1928that I last saw h. or alive on Feb. 1, 1928, and that
death occurred, on the date stated above, at 9:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Calorh. Pneumonia107A 100ACONTRIBUTORY Simple Sclerosis

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robt. M. Norman, M. D.2/2, 1928 (Address) Ava Mo.*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

Ava CemeteryFeb 2 1928

20. UNDERTAKER

ADDRESS

Richard JusticeAva Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

