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

Do not use this space.

22164

File No.

Registered No. 16

1. PLACE OF DEATH

County Monroe

Township Monroe

City Monroe City (No. St. Ward)

Registration District No. 581

Primary Registration District No. 4343

2. FULL NAME Nettie Price McClintic

(a) Residence, No. 314 Clarkar St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

WHITE PAPER, WITH ORANGE BORDERS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9 - 1847

7. AGE: Years 83. Months 8 Days If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) (STATE OR COUNTRY) Campbell Co. Va

FATHER

13. NAME Alexander Arnold

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

MOTHER

15. MAIDEN NAME Andrews

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

17. INFORMANT (ADDRESS) R S McClintic Monroe City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Jude's Cemetery DATE June 7 1931

19. UNDERTAKER (ADDRESS) Wilson & Son Monroe City Mo.

20. FILED 6-6 1931 A. W. Wilson Deputy, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5. 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1926 to June 5 1931

I last saw her alive on June 5 1931. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

	Date of onset
Chronic Myocarditis	1921
93C	
57A	
Other contributory causes of importance:	
Chronic Arthritis	Oct 1920

Name of operation – Date of –

What test confirmed diagnosis? Examination Was there an autopsy?

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? No

If so, specify

(Signed) John H Hibbs, M. D.

(Address) Monroe City Mo