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

Do not use this space.

27782

1. PLACE OF DEATH

County: Clay — Registration District No.: 197 — File No.: 27782

Township: Gallatin — Primary Registration District No.: 5276 — Registered No.: 53

City: ~~No. K.C. Mo.~~ R.J. (No. ..... St. ..... Ward)

2. FULL NAME Mary E. Clinkenbeard

(a) Residence. No. No K.C. Mo. R.J. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Fe	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 24 - 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	3	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Md.

PARENTS

10. NAME OF FATHER: Garrett Voshell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): —
12. MAIDEN NAME OF MOTHER: Mary Elders
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): X

14. INFORMANT: Mrs Frona D. Clelan
(Address) No. K.C. Mo. R.J.

15. FILED 8/16 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug-16 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of heart
54A
97
45B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Ovarian Fibroid and Arteriosclerosis (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: 139 A

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. L. Wyong-Coroner, M. D.

8/16, 1931 (Address) Liberty Clay County 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: MT. Moriah Cem. — DATE OF BURIAL: 8/17 1931

20. UNDERTAKER: Morton & Co. — ADDRESS: No. K.C. Mo.

N. B.—Every item of information should be given in the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 22 1931