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

Do not use this space.

31758

File No. .....

Registered No. 216

1. PLACE OF DEATH

County Lincoln Registration District No. 491

Township Clark Primary Registration District No. 5656

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Laura Clendening

(a) Residence, No. ..... 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: Sam Clendening

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not ascertainable

7. AGE: 89 — Years; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Lincoln Co Mo

FATHER

13. NAME: Jamison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): S. M. Clendening St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Louis Mo DATE Sept 3, 1931

19. UNDERTAKER (ADDRESS): Allgaier & Sons 6175 Delmar Blvd

20. FILED Sept 1, 1931 M. Kinnell Registrar, St Louis Mo

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Sept 1, 1931.

I last saw her alive on Aug 31, 1931. Death is said to have occurred on the date stated above, at 1 a.m.

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

	Date of onset
Angina Pectoris	
9 yr	
162	

Other contributory causes of importance: Old age.

Name of operation ..... Date of .....

What test confirmed diagnosis Physical 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? No

If so, specify .....

(Signed) E. L. Hicks, M. D.

(Address) Troy 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.

SEP 3 1931