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

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.

OCT 24 1931

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

Do not use this space.

1. PLACE OF DEATH
County Pike. Registration District No. 689 File No. 32144
Township Primary Registration District No. 93033 Registered No.
City Louisiana Mo (No. 1500 Georgia St. 4 Ward)

2. FULL NAME Mrs Amelia McClintock
(a) Residence. No. 1500 Georgia St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. 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)
Female	white	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo McClintock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11-1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	10	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓ None.
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER George Stevens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Connecticut.
12. MAIDEN NAME OF MOTHER Katherine Wilson.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) New York.

14. INFORMANT Paul Grigsby.
(Address) Louisiana, Mo.

15. FILED 9/26 1931 F C Haley Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 30 1931, to Sept 26 1931 that I last saw her alive on Sept 25 1931 and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic Anemia
45 F
56
71 B (duration) yrs. mos. 18 ds.
CONTRIBUTOR (SECONDARY) Malignant Throat
(duration) yrs. (?) mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H H Miller M. D.
9/26 1931 (Address) Louisiana 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 Pittsfield South Cemetery Pittsfield, Illinois. DATE OF BURIAL Sept. 28 1931

20. UNDERTAKER Walter M. Plattner ADDRESS Pittsfield, Illinois.