

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

Do not use this space.

38294

1. PLACE OF DEATH

County Marion Registration District No. 547
Township X Primary Registration District No. 3029
City Hannibal (No. 223, Willow)

File No. _____
Registered No. 291 St. _____ Ward)

2. FULL NAME Amelia M. Clellan

(a) Residence, No. X St. _____ Ward. _____

Bowling Green, Missouri
(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. Wm. M. Clellan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 26, 1857</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>9</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	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) <u>Cynthiana, Kentucky</u>		
FATHER	13. NAME <u>Thomas Yarnall</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Mary Jane Spear</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known Kentucky</u>	
17. INFORMANT <u>J. Wm. McClellan (Husband)</u> (ADDRESS) <u>Bowling Green, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bowling Green, Mo.</u> DATE <u>Nov. 12, 1931</u>		
19. UNDERTAKER <u>Wm. M. Smith</u> (ADDRESS) <u>222 1/2 S. W. Highway, Hazelton, Mo.</u>		
20. FILED <u>Nov 12, 1931</u> <u>O. Blouin</u> Registrar.		

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1931 to Nov. 10, 1931
I last saw her alive on Nov. 10, 1931. Death is said to have occurred on the date stated above, at 3:40 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus
48
62A 4/8
Other contributory causes of importance:
Cerebral hemorrhage.

8 Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. and X-ray 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) A. S. Norton, M. D.
(Address) Hannibal, Mo.

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.

