

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

Do not use this space.

9256

1. PLACE OF DEATH

64 County Marion Registration District No. 548
Township Liberty Primary Registration District No. 5740
City Palmyra (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs. Mollie M. Clintie

(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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Thomas M. Clintie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 30 - 1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>88</u>	<u>10</u>	<u>28</u>	<u>28</u>	

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.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Berlin (STATE OR COUNTRY) Pennsylvania

MOTHER FATHER 13. NAME N. C. Cooper

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

MOTHER 15. MAIDEN NAME Hanna Hudkins

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

17. INFORMANT Mrs. Mistle Hawkins (ADDRESS) Brookston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jude's Mortuary CITY Mo. DATE March 30, 1932

19. UNDERTAKER E. J. Sprague (ADDRESS) Palmyra Mo.

20. FILED March 30, 1932 - Nina S. Tucker Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1932, to March 29, 1932.

I last saw her alive on March 29, 1932. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Pulmonary Embolism Date of onset 3/29/32

92A
111A 92A

Other contributory causes of importance: Chronic valvular disease (mitral)

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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 H. C. Neal, M. D. (Signed) _____ (Address) Palmyra, Mo.

APR 28 1932

