

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

Do not use this space.

16796

**1. PLACE OF DEATH**

64 County Ballwin Registration District No. 548  
 2 Township Liberty Primary Registration District No. 5740  
 2 City Palmyra (No. Palmyra, Mo)

File No. \_\_\_\_\_  
 Registered No. 35  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

George H. McClintic  
 (a) Residence. No. Palmyra, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Mc. Clintic

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 22, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 7 20

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Retired Bookstore  
 (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) Virginia

10. NAME OF FATHER William McClintic

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER McAnay, Byrd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT (Address) Mrs. Jesse S. Suedeliker  
Hannibal, Mo

15. FILED May 13, 1932 Hina S. Tucker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12, 1932

17. HEREBY CERTIFY, That I attended deceased from Apr 1st, 1932, to May 12, 1932, that I last saw him alive on May 12, 1932, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Gastric neoplasm - probably carcinoma

CONTRIBUTORY (SECONDARY) file B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED D  
 IF NOT AT PLACE OF DEATH, don't know  
 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
N. C. O'neal M. D.  
 (Signed) 5/13/1932 (Address) Palmyra 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 O. Cemetery

20. UNDERTAKER James O'Sonney

DATE OF BURIAL 5/14/1932  
 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.

APR 28 1932

