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

Do not use this space.
26736

1. PLACE OF DEATH
62 County Madison
Township Central
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 638
Primary Registration District No. 6282

File No. .....
Registered No. .....

2. FULL NAME Laban R. Clonninger

(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.

SEP 24 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Agnes Clonninger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 - 1851

7. AGE: Years 81 | Months 6 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) N. C.

FATHER
13. NAME Lauren Clonninger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT Milam Gregory (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Pisgah Cem. DATE Aug 5 1932

19. UNDERTAKER Ed Hilbert (ADDRESS) Fredericktown Mo.

20. FILED Aug 31 1932 C. U. Hull Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Aug 4 1932
I last saw him alive on July 5 1932. Death is said to have occurred on the date stated above, at 8 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Indigestion	1931
1186	
118	

Other contributory causes of importance:

1

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) O. A. Meyers, M. D.
(Address) Greenville, Mo.