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.

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

Do not use this space.

34955

File No.

Registered No. 228

Registration District No. 104

Primary Registration District No. 3008

1. PLACE OF DEATH

County Callaway

Township

City Fulton, Mo, (No. , St. Ward)

2. FULL NAME Mrs, Esther Debo McClellan,

(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 6th, 1871

7. AGE: Years 61 | Months 3 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " 235

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) Mo, 1

FATHER

13. NAME John Debo,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

MOTHER

15. MAIDEN NAME Mary Elizbeth Sitton,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

17. INFORMANT Mrs, Chas-Sartor,
(ADDRESS) Fulton, Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fulton, Mo, DATE Nov, 23rd 32, 19

19. UNDERTAKER Herndon-Taylor Furn-Co,
(ADDRESS) Fulton, Mo,

20. FILED Nov 23, 1932 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 22nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1932, to Nov, 22nd, 1932

I last saw her alive on Nov, 17th, 1932. Death is said to have occurred on the date stated above, at 12:30 P m.

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

	Date of onset
Cancer of liver	
465	
117A	
466	

Other contributory causes of importance:

Septic ulcer

Name of operation 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

(Signed) H. L. Owen, M. D.

(Address) Fulton Mo.