

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

Do not use this space.

4301-A
~~4304-1~~

1. PLACE OF DEATH
County Scattered Registration District No. 812
Township Johnson Primary Registration District No. 6061
City Granger (No. _____) St. _____ Ward _____

2. FULL NAME Margret E. M. Clellan
(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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. M. Clellan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 8 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Granger
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Orville Cherry

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

12. MAIDEN NAME OF MOTHER Rachel Harris

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18, 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 '33 to Jan 18, 1933, that I last saw her alive on Jan 18, 1933, and that death occurred, on the date stated above, at _____ a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
after apoplexy
8 20
(duration) _____ yrs. _____ mos. _____ da. 3 hours

CONTRIBUTORY (SECONDARY) Hypertension
(duration) 2 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

C DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical
(Signed) A. E. Platter, M. D.
, 19 _____ (Address) Memphis

*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.

14. INFORMANT Mr. W. H. M. Clellan
(Address) Granger Mo.

15. FILED 1/19 1933 M. T. Baker MD
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Black Oak C. DATE OF BURIAL Jan. 21 1933

20. UNDERTAKER Gutting's Und. ADDRESS Granger Mo.

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.

RECORD

1933

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23
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