

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

Do not use this space.

5623

1. PLACE OF DEATH

County Jackson

Registration District No. _____

Township Han

Primary Registration District No. _____

City K. C. Mo. (No. 3334 Garfield)

File No. _____

Registered No. _____

St. Mo. (Wash.)

2. FULL NAME Luella F. Clinkerbeard

(a) Residence, No. 3334 Garfield 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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 - 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>69</u>	<u>4</u>	<u>24</u>	

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

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

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) St. Joseph Mo.

13. NAME Luella F. Clinkerbeard

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

15. MAIDEN NAME Ann Elizabeth

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

17. INFORMANT (ADDRESS) Margaret Clinkerbeard 3334 Garfield

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo. DATE Feb - 7 - 1933

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Broadway Ave.

20. FILED 2-4 1933 M. M. Craig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 2 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1933, to Feb 2 1933
I last saw her alive on Feb 2 1933 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Indurina Date of onset Jan 9 33
17 1/2
82

Other contributory causes of importance: Cerebral apoplexy Jan 30

Name of operation nurse Date of _____
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1933

Where did injury occur? nurse
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury nurse
Nature of injury nurse

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. H. Schickel M. D.
(Address) 727 Central K.C. 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.

489-109

1
2
2

Dr. Wickes
of 727 Central Dr. 0247

R. 1805 Woodland. grg 0474

2 - 5 pm. Sat.

1251 Kansas.