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.

10199

APR 22 1933

1. PLACE OF DEATH
County Lincoln — Registration District No. 492 — File No. 206
Township Monroe — Primary Registration District No. — Registered No.
City Old Monroe (No. ..... St. ..... Ward)

2. FULL NAME Mary J. Clemmons
(a) Residence. No. Old Monroe St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U.S., if of foreign birth? 65 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 S. P. Clemmons deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 - 1843.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, X hrs. or ..... min.
89	10	9	

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

9. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Armstrong
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Knox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Chas. Clemmons
(Address) Old Monroe Mo.

15. FILED 3/20 1933 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1933

17. I HEREBY CERTIFY, That I attended deceased from Mch 14, 1933, to Mch 19, 1933 that I last saw her alive on 3-14, 1933 and that death occurred, on the date stated above, at 4 A.M. P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Lobar.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 108
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D
3/20, 1933 (Address) Old Monroe

*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~~ Milton Illinois — DATE OF BURIAL 3/[illegible] 1933

20. UNDERTAKER E A Keithly — ADDRESS Fallow Mo.