

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

Do not use this space.

MAR 24 1934

4430

**1. PLACE OF DEATH**

32 County DeKalb  
 Township Camden  
 City Amity (No. ....)

Registration District No. 259  
 Primary Registration District No. 35718

File No. ....  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME** Emily Armenthia McClaren

(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 John McClaren  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
80 11 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) Stubenville  
 (STATE OR COUNTRY) Ohio

MOTHER FATHER 13. NAME James Wott

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

15. MAIDEN NAME Maria Thomas

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

17. INFORMANT Mrs Mae Duke  
 (ADDRESS) Amity, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Amity Cem. DATE 2/20-34 19

19. UNDERTAKER U. G. Pilcher  
 (ADDRESS) Maysville Mo

20. FILED 2/19 1934 2 Philips  
 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1934 to Feb. 18 1934  
 I last saw him alive on Feb. 18 1934 Death is said to have occurred on the date stated above, at 9:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Paralysis of the Intestine

Other contributory causes of importance:  
Arterioarteritis

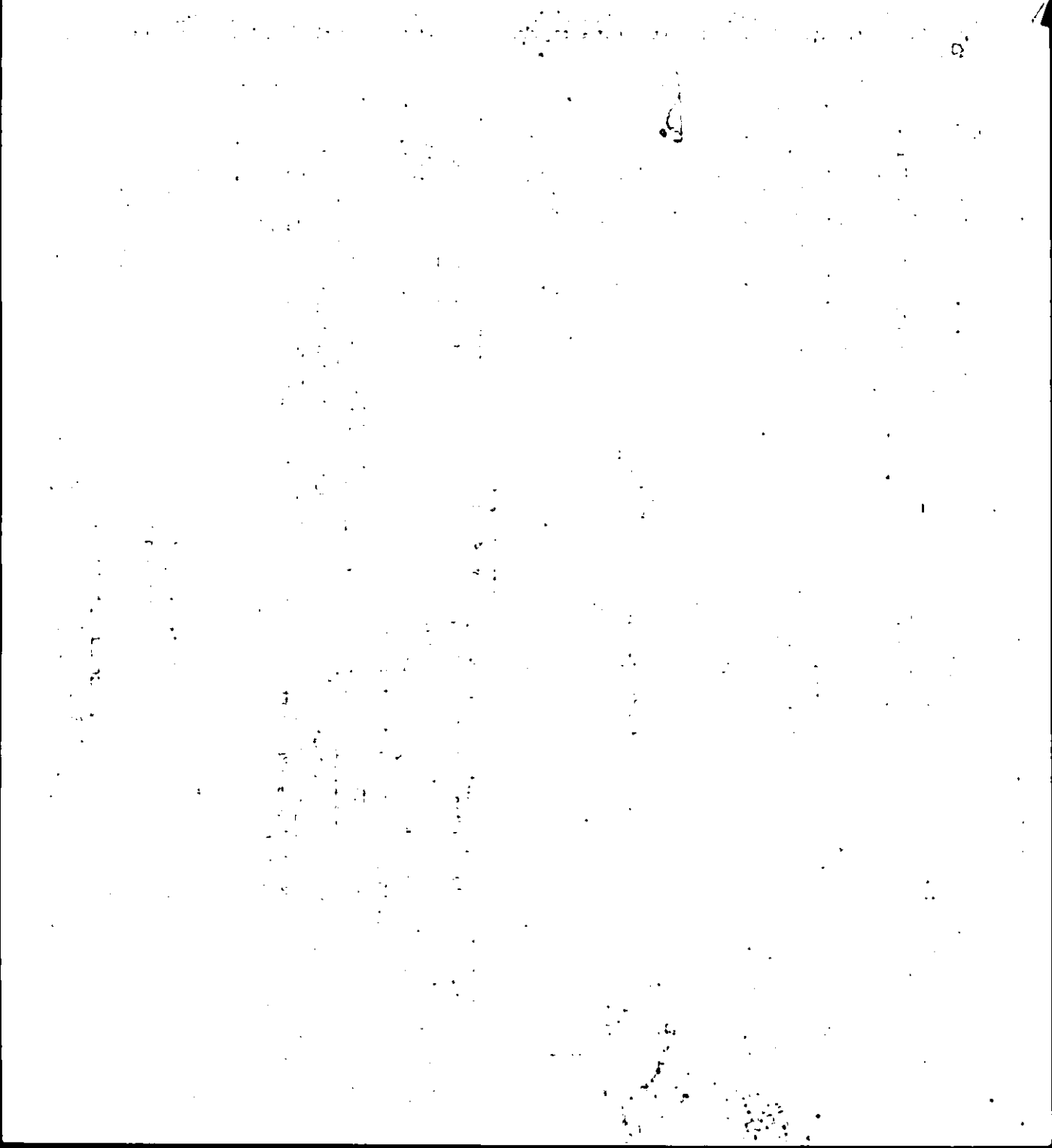
Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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? DO  
 If so, specify .....  
 (Signed) W. B. Reynolds, Jr.  
 (Address) St. Louis, 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.



#2 *DeKalb.*

## DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS *4430*E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Emily Armenthia McClaren*  
Who died at \_\_\_\_\_ on *Feb - 18 - 1934*  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex *7* Color or race *W* ☒ Single, ☒ married, ☒ widowed or ☒ divorced

Date of birth \_\_\_\_\_ Age: Years *80* Months *11* Days *15*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: *General paralysis of the insane*

*General paralysis of old age*

Other contributory causes of importance *Rheumatoid arthritis*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *162*

If death was due to external causes (violence) fill in also in 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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar *Mrs. Hattie Gibson* Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *259*

Very truly yours,

Primary Reg. Dist. No. *535903*

*E. T. McGaugh, M.D.*  
*K.*

Special Agent.

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