Nov. 13 DEC 12 1934

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

Do not use this space.

38475

1. PLACE OF DEATH Benton
County [redacted]
Township W. White
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 60
Primary Registration District No. 5093

File No. .....
Registered No. 22

2. FULL NAME Mark M. Clinton

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	1	12	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Week ago

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenneessee

FATHER

13. NAME S.H.Clinton

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

MOTHER

15. MAIDEN NAME Sallie Paul

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

17. INFORMANT Mrs M.M.Clinton
(ADDRESS) Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calhoun, Mo. DATE Nov. 12-34

19. UNDERTAKER HUSTON & FUNERAL CHAPEL
(ADDRESS) Windsor, Missouri

20. FILED Nov. 15, 1934 Mrs. Amy K. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11-34, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1934, to Nov. 11, 34
I last saw him alive on Nov. 11, 1934 Death is said to have occurred on the date stated above, at 4 p m.
The principal cause of death and related causes of importance were as follows:

Accident to head + brain
9:00 AM 9:00 A.M.
J O S

Date of onset: 11

Other contributory causes of importance:
Pneumonia.

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? Accident Date of injury 11-3, 1934
Where did injury occur? Benton to Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home.
Manner of injury Struck over eye with bar
Nature of injury Bottom eyelid lacerated.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Blacksmith
(Signed) H. Murrell, M. D.
(Address) Windsor 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

Mrs Amy Rhodes
Lincoln.
Mo.