

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.

DEC 7 7 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38990

1. PLACE OF DEATH

County DouglasTownship ReptonCity Ava

(No.)

Registration District No. 272Primary Registration District No. 4165

File No.

Registered No. 32

St. Ward)

2. FULL NAME

William Robert Clunkinghead

(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 19 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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 OFMary E. Clunkinghead6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-25-1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.66227

OCCUPATION

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

merchant

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)
(STATE OR COUNTRY)Douglas

FATHER

13. NAME

Robert A. Clunkinghead14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Douglas

MOTHER

15. MAIDEN NAME

Martha Vandell16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Douglas17. INFORMANT
(ADDRESS)Louis Clunkinghead

18. BURIAL, CREMATION, OR REMOVAL

Burial

PLACE

Ava, Mo.

DATE

11-25

1934

19. UNDERTAKER
(ADDRESS)C. V. Clunkinghead
Ava, Mo.

20. FILED

12-5-1934, Henry Burke
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27, 1934

22. I HEREBY CERTIFY, That I attended deceased from

1934, to Nov 22, 1934I last saw him alive on Nov 22, 1934 Death is said

to have occurred on the date stated above, at m.

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

Hypertensive Pneumonia
4/27
1070
1118

Date of onset

Nov 15

Other contributory causes of importance:

Chronic Endocarditis

Date of onset

Nov 15

Name of operation

none

Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

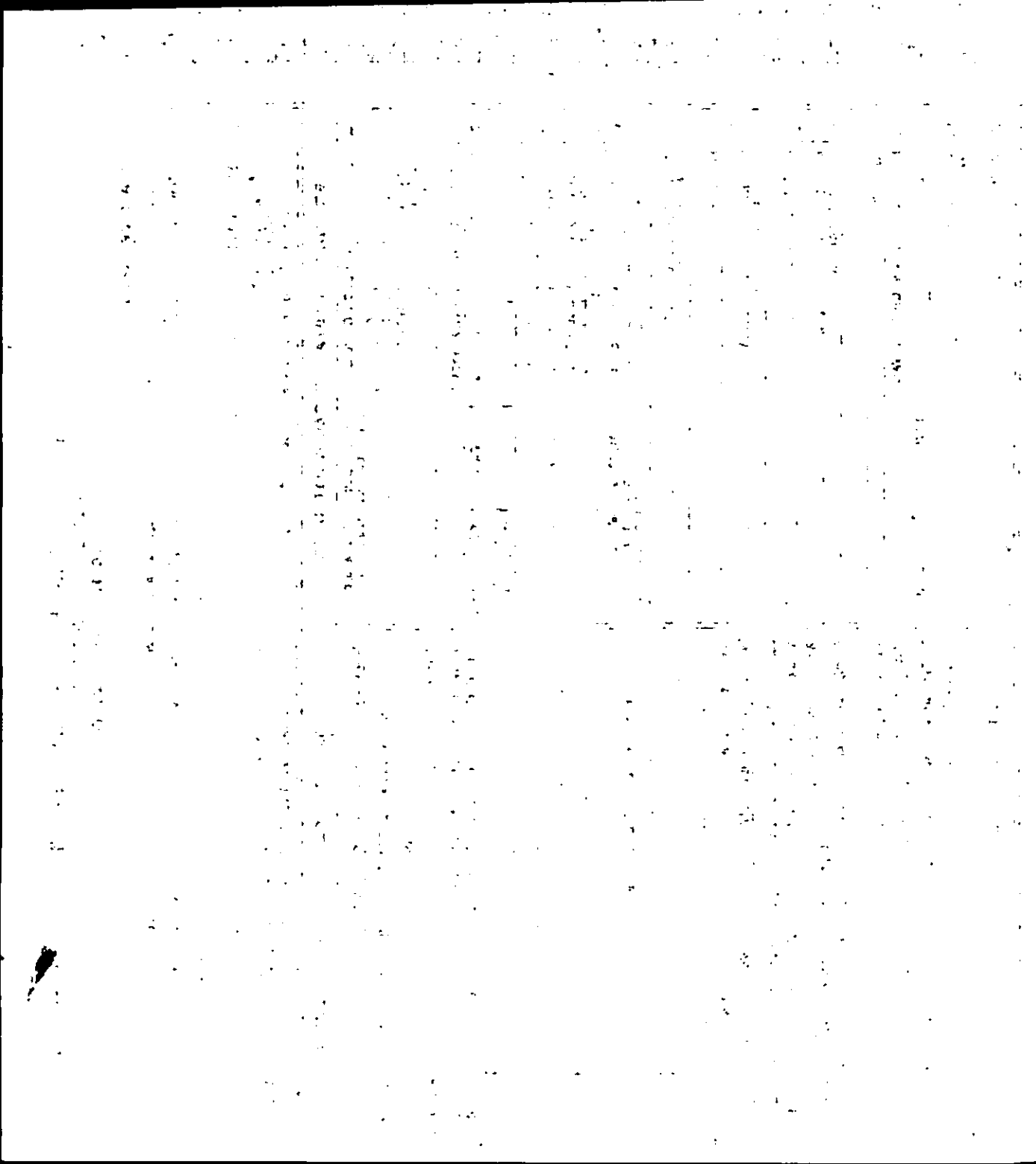
If so, specify

(Signed)

R. M. Norman

, M. D.

(Address)



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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Darwin

Registration District No. 272

Township Darwin

Primary Registration District No. 2765

City Darwin

(No. 1)

St. Mo.

Ward 33

2. FULL NAME

William Robert Clarkshead

(a) Residence, No. 1

St. Mo.

Ward 33

(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

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

m

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

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, ... hrs.
or min.

66

2

27

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

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

OCCUPATION

FATHER
MOTHER

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED

12-5-

1934

Henry Burke

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

Hypertensive Date of onset

broncho pneumonia

Other contributory causes of importance:

Other contributory causes of importance:

Other contributory causes of importance:

Other contributory causes of importance:

Other contributory causes of importance:

Other contributory causes of importance:

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