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

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File No. 43697
Registered No. 17

1. PLACE OF DEATH

County: Marion
Registration District No.: 552
Township: Warren
Primary Registration District No.: 5745
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Susan A. McClintic

(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)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1845

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
89	1	11	

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) (STATE OR COUNTRY) Bath County, Va.

FATHER

13. NAME Alexander McClintic

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

MOTHER

15. MAIDEN NAME Alice McClintic

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

17. INFORMANT Mrs. C. A. McClintic
(ADDRESS) Hunnewell, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Judes Cem. DATE Dec. 15, 1934

19. UNDERTAKER Wilson & Son
(ADDRESS) Monroe City, Mo.

20. FILED Dec. 16, 1934 Mrs. Alta V. Wagner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1934, to Dec. 13th, 1934

I last saw him alive on Dec. 7th, 1934. Death is said to have occurred on the date stated above, at 11 P. M.

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

	Date of onset
Cerebral hemorrhage	
820	
97	

Other contributory causes of importance:
Arterio-sclerosis

Name of operation None Date of
What test confirmed diagnosis? Clin. 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?
If so, specify
(Signed) R. H. Parker, M. D.
(Address) Hunnewell, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.