

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

Do not use this space.

4218

1. PLACE OF DEATH MAR 9, 1935
 County Adair Registration District No. 4 File No. _____
 Township _____ Primary Registration District No. 3001 Registered No. 28
 City Kirkville (No. Green South Hospital) St. _____ Ward) _____
 2. FULL NAME Charles N. Clinkenbeard
 (a) Residence, No. _____ St. _____ Ward. Elmer, Mo.
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda G. Clinkenbeard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9, 1874
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 11 5
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RR. Conductor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. I. S. L. RR.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 30
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasco, Kansas
 13. NAME Wm H. Clinkenbeard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Nancy Bennett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 17. INFORMANT Miss Justin Clinkenbeard
 (ADDRESS) Elmer, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Elmer, Mo. DATE Feb. 14, 1935
 19. UNDERTAKER Lee Riley
 (ADDRESS) Kirkville, Mo.
 20. FILED Feb. 14, 1935 Spencer Freeman
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1935
 22. I HEREBY CERTIFY, That I attended deceased from March 27, 1930, to Feb. 14, 1935
 I last saw him alive on Feb. 14, 1935. Death is said to have occurred on the date stated above, at 3:20 a. m.
 The principal cause of death and related causes of importance were as follows:
Perniciou anemia Date of onset 1930
1860 265
 Other contributory causes of importance:
Fracture of left femur and back injury May 1913
 Name of operation None Date of _____
 What test confirmed diagnosis? Laboratory studies 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) Spencer L. Freeman, M. D.
 (Address) Kirkville, 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.

THIS IS A PERMANENT RECORD

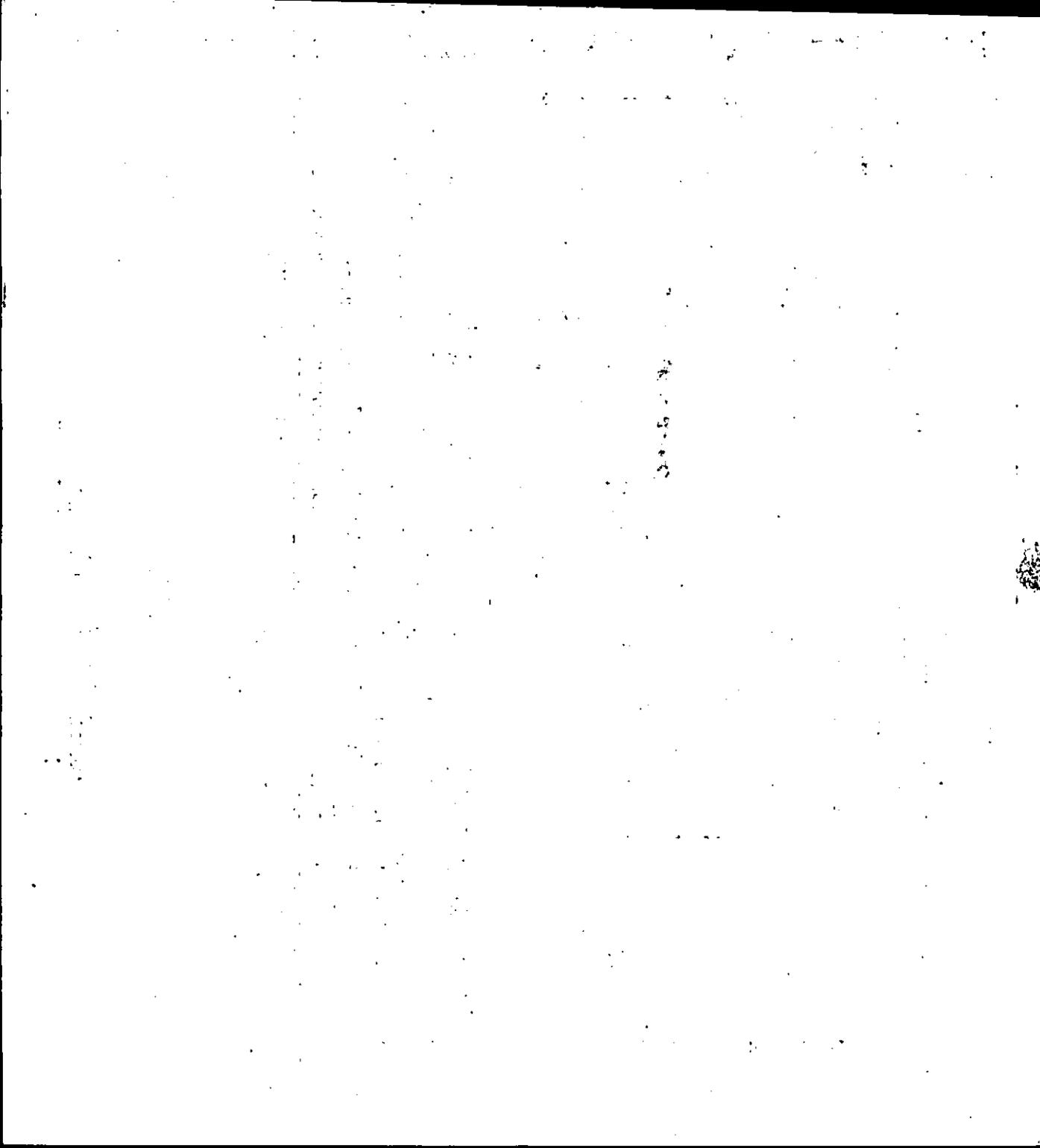
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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Adair Registration District No. 4 File No.
 Township Kirksville Primary Registration District No. 3901 Registered No. 28
 City Kirksville No. St. Smith Hosp St. Ward)

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1925

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

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

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

Date of onset

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

Fract left femur and back injury
 Other contributory causes of importance:

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

Name of operation 1862 Date of.....

13. NAME

What test confirmed diagnosis?..... Was there an autopsy?.....

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury May, 1924

15. MAIDEN NAME

Where did injury occur? Yarrow, Mo. (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place. Public place

17. INFORMANT (ADDRESS)

Manner of injury Fell out of railroad car
 Nature of injury Fracture of femur + strain of back

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

24. Was disease or injury in any way related to occupation of deceased?

19. UNDERTAKER (ADDRESS)

If so, specify.....

20. FILED Apr 29, 1925 Spencer Freeman Registrar.

(Signed) Spencer Freeman M. D.
 (Address) Kirksville, Mo.

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

STAMPED

APR 26 1935

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