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.

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

Do not use this space.

JUN 3 1935

13903

1. PLACE OF DEATH
County Pike — Registration District No. 685 — File No. 26
Township ~~Calumet~~ — Primary Registration District No. 4409 — Registered No. 7
City Clarksville (No. ..... St. ..... Ward)

2. FULL NAME Lanann McIntyre
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm McIntyre
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 1869
7. AGE YEARS 66 MONTHS 11 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

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) Baytown Ill

FATHER
13. NAME Mart Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Wm McIntyre Jr Clarksville
18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville DATE 4-5 1935
19. UNDERTAKER (ADDRESS) J H Brown Clarksville
20. FILED May 1 1935 W W Treadway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3rd, 1935
22. I HEREBY CERTIFY, That I attended deceased from April 3rd, 1935, to Apr 3rd, 1935
I last saw her alive on April 3rd, 1935 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:

	Date of onset
Cerebral hemorrhage	Apr 3rd 35
Other contributory causes of importance: Arteriosclerosis (Ja)	1 year

Name of operation — Date of —
What test confirmed diagnosis? — 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) E M Bartlett, M. D.
(Address) Clarksville Mo