

JUN 21 1935

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

Do not use this space.

16289

1. PLACE OF DEATH

County Howard  
Township  
City Fayette. (No. ...., ..... Ward)

Registration District No. 378  
Primary Registration District No. 4222

File No. ....  
Registered No. 26 St. .... Ward)

2. FULL NAME Evelyn McClammer

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/17th 1860

7. AGE YEARS 74 MONTHS 9 DAYS 11 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 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.

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

13. NAME John A. Hull.

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

15. MAIDEN NAME Ann Felton.

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

17. INFORMANT Mrs Pearl Page. (ADDRESS) Fayette. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetary DATE 6/1st 1935,

19. UNDERTAKER Fayette. Hawley. (ADDRESS)

20. FILED June 7 1935. V. C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/28th 1935, 19

22. I HEREBY CERTIFY That I attended deceased from December 1934, to May 28, 1935  
I last saw her alive on May 28, 1935 Death is said to have occurred on the date stated above, at 12:30 p. m.  
The principal cause of death and related causes of importance were as follows:

Obstructive jaundice Date of onset Dec. 1934  
Ruptured gall bladder 5-27-35

Other contributory causes of importance  
Name of operation None Date of .....  
What test confirmed diagnosis? Phys. findings 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) Wm. J. Shaw, M. D.  
(Address) Fayette, 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.

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County Howard  
Township.....  
City Fayette (No. ....)

Registration District No. 378  
Primary Registration District No. 4222

File No. ....  
Registered No. 26  
St. .... Ward)

**2. FULL NAME**

Evelyn McChamner

(a) Residence, No. .... St. .... Ward.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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.  
74 9 11 10

OCCUPATION  
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

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

FATHER  
13. NAME

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

MOTHER  
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 June 7 1935 V. C. Bonham Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28 1934

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

I last saw h..... 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:

Obstructive Jaundice Date of onset

No evidence of stones that I could find

Other contributory cause of importance: Ruptured gall bladder

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? ..... 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) ....., M. D.

(Address) .....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. DO NOT WRITE IN THESE SPACES. STATE OF MISSOURI DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS. THIS FORM IS PRINTED BY THE MISSOURI STATE BOARD OF HEALTH. THE MISSOURI STATE BOARD OF HEALTH IS NOT RESPONSIBLE FOR THE CONTENTS OF THIS FORM. THE MISSOURI STATE BOARD OF HEALTH IS NOT RESPONSIBLE FOR THE CONTENTS OF THIS FORM. THE MISSOURI STATE BOARD OF HEALTH IS NOT RESPONSIBLE FOR THE CONTENTS OF THIS FORM.

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