WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

16910

AUG 16 1935

1. PLACE OF DEATH

County Johnson — Registration District No. 430 — File No.

Township ~~Fort Oak~~ — Primary Registration District No. 4256 — Registered No.

City Leeton, Mo (No. ..... St. ..... Ward)

2. FULL NAME Ruth Ellen McClendon

(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 10 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1872

7. AGE — YEARS 63 — MONTHS 0 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Carrelton, Mo.

FATHER

13. NAME James Carpenter

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

MOTHER

15. MAIDEN NAME Emma Leak

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

17. INFORMANT (ADDRESS) Mr Fred McClendon Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lewis Station DATE 6-2- 1935

19. UNDERTAKER (ADDRESS) R A Brauninger Leeton, Mo.

20. FILED 6-2-35, 19 C B Koons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935, to May 31, 1935

I last saw her alive on May 31, 1935. Death is said to have occurred on the date stated above, at 8:45 A.m.

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

Hemorrhage of stomach from gastric ulcer

Date of onset

Other contributory causes of importance

Name of operation ..... 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? .....

If so, specify .....

(Signed) J G Beaty, M. D.

(Address) Chilhowee Mo