AUG 21 1935

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

Do not use this space.

20705

1. PLACE OF DEATH
County Platte — Registration District No. 696 — File No.
Township Fair — Primary Registration District No. 5925 — Registered No. 10
City (No. , St. Ward)

2. FULL NAME Daniel Lee Cline
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13-1935
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Platte Co. Mo.

FATHER
13. NAME Bruce Cline
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethel Ky

MOTHER
15. MAIDEN NAME Mary B. Hoisman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shrewsbury Ky

17. INFORMANT (ADDRESS) Bruce Cline Platte City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Ridge DATE June 13 1935
19. UNDERTAKER (ADDRESS) L. F. Robeson Platte City Mo.
20. FILED Aug 9 1935 Mrs Francis E Murray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1935
22. I HEREBY CERTIFY, That I attended deceased from At time of birth 19 , to , 19
I last saw him alive on June 13, 1935. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
Unknown

Date of onset

Other contributory causes of importance:

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? ✓
If so, specify ✓
(Signed) J. W. McAdow, M. D.
(Address) DeKalb, 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.