

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

Do not use this space.

26058

1. PLACE OF DEATH

County Douglas
Township Richland
City _____ (No. _____)

Registration District No. 957
Primary Registration District No. 5396

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Glenn Harold Clinton

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4 - 1934</u>		
7. AGE <u>1</u>	YEARS <u>5</u>	MONTHS <u>1</u>
		DAYS <u>1</u>
		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) Hawes Co Mo
(STATE OR COUNTRY)

13. NAME Urgle Orville Clinton

14. BIRTHPLACE (CITY OR TOWN) Douglas Co Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Ethel Collins

16. BIRTHPLACE (CITY OR TOWN) Douglas Co Mo
(STATE OR COUNTRY)

17. INFORMANT Urgle Clinton
(ADDRESS) Silvan Spg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Manassas Cemetery DATE Aug. 6, 1935

19. UNDERTAKER Rosevelt Clinton
(ADDRESS) Silvan Spg, Mo.

20. FILED Aug. 6, 1935 Faye Thornton
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5th, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1935, to Aug. 5th, 1935

I last saw him 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:

Illness

Date of onset

Other contributory causes of importance:

Name of operation none 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? No
If so, specify _____

(Signed) R. A. Sparks, M. D.

(Address) West Plains, 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.

