

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.

THIS IS A PERMANENT RECORD

AGE 23 1935

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

Do not use this space.

26257

1. PLACE OF DEATH

County Henry
Township Leitchville
City Clinton Mo (No.)

Registration District No. 347
Primary Registration District No. 3501A

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. Clinton Mo, 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>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Montgomery O'Han</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7-1845</u>		
7. AGE <u>89</u>	YEARS <u>11</u>	MONTHS <u>2</u>
OCCUPATION		11. Total time (years) spent in this occupation <u>Life</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Missouri</u>		
13. NAME <u>Amick</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mrs. N. C. Harris</u> (ADDRESS) <u>Clinton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shady Grove 8-10</u> 19 <u>35</u>		
19. UNDERTAKER <u>Ed C. Seel</u> (ADDRESS) <u>Clinton Missouri</u>		
20. FILED <u>Aug 12</u> 19 <u>35</u> <u>J. B. Hampton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>8/9</u> 19 <u>35</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>8/2</u> 19 <u>35</u> to <u>8/9</u> 19 <u>35</u> . I last saw her alive on <u>8-2</u> 19 <u>35</u> . Death is said to have occurred on the date stated above, at <u>4 P</u> m. The principal cause of death and related causes of importance were as follows: <u>Cerebral Endarteritis</u> <u>Senile Dementia</u> Other contributory causes of importance: <u>99</u> Name of operation <u>th</u> Date of <u>th</u> What test confirmed diagnosis? <u>th</u> Was there an autopsy? <u>th</u>
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? <u>th</u> If so, specify <u>Ed C. Seel</u> , M. D. (Signed) <u>Clinton Mo</u> (Address)

Endolentis