

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

Do not use this space.

23607

1. PLACE OF DEATH

County Monroe
Township.....
City California (No.)

Registration District No. 571
Primary Registration District No. 4335-

File No.
Registered No. 42
St. Ward)

2. FULL NAME

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. Clinin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 ~~59~~ 3 28

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) Bolivar (STATE OR COUNTRY) Ohio

13. NAME John Baker

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

15. MAIDEN NAME Elizabeth Heister

16. BIRTHPLACE (CITY OR TOWN) Dover (STATE OR COUNTRY) Ohio

17. INFORMANT Geo. W. Clinin (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Creek DATE June 24, 1936

19. UNDERTAKER J. W. Wilson & Sons (ADDRESS) California

20. FILED 6-24-36 H. R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1936, to June 22, 1936

I last saw him alive on June 20, 1936 Death is said to have occurred on the date stated above, at 5 A. m.

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

Acute gangrenous appendicitis
general peritonitis

Other contributory causes of importance

Name of operation Appendectomy Date of 6-14-36

What test confirmed diagnosis? gross 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) L. L. Latham, M. D.

(Address) California

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.

WHILE Y EARLY WITH UN ASSING INTERESTS THIS IS A PERMANENT RECORD

