

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

Do not use this space.

26363

1. PLACE OF DEATH

County Henry
 Township.....
 City Clinton (No.)

Registration District No. 347
 Primary Registration District No. 3018

File No.....
 Registered No.....
 St. Ward)

2. FULL NAME

Benjamin Edward McNamea
 (a) Residence, No. 724 E Clinton 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isobelle Jane McNamea

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1850

7. AGE YEARS 85 MONTHS 6 DAYS 18 If LESS than 1 day, hrs. or min.

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

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) Alton Ill

13. NAME Wm Donald McNamea

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Mr. Will Gregg's (ADDRESS) Clinton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACES Ladonia Mo DATE 7/14

19. UNDERTAKER Consolidated (ADDRESS) Clinton, Mo

20. FILED 7-18 1936 J. B. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8 1936 to July 13 1936
 I last saw him alive on July 12 1936 Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Chronic nephritis (uremia) Date of onset 1935

Other contributory causes of importance: State Colitis

Name of operation none 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? Yes
 If so, specify

(Signed) E. B. Hughes, M. D.
 (Address) Clinton, 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.

