

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

Do not use this space.

SEP 25 1936

30689

1. PLACE OF DEATH

County Henry
Township Bethlehem
City Clinton (No. 1)

Registration District No. 347
Primary Registration District No. 5489A

File No. 30689
Registered No. 30689
St. Clinton Ward 1

2. FULL NAME

(a) Residence, No. Brownington Mo. Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? 12 yrs. 7 mos. 15 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 Married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Thomas Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-1880

7. AGE YEARS 56 MONTHS 10 DAYS 10 If LESS than 1 day, 12 hrs. 15 min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) 10-20-1936 11. Total time (years) spent in this occupation 12 yrs. 7 mos. 15 ds.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dopeta Kansas

13. NAME Thomas Ryle

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Thomas Jones

18. BURIAL, CREMATION, OR REMOVAL Forest Hill R. Co. Mo. 9-1-36 DATE

19. UNDERTAKER (ADDRESS) Fred Wilkerson

20. FILED 9-1-1936 Clinton Mo. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-36

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936, to Aug 30, 1936. I last saw him alive on Aug 30, 1936. Death is said to have occurred on the date stated above, at 12:15 p.m.

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

Gall stone with perforation of Gall bladder
Cholecystitis

Other contributory causes of importance: 12 yrs. 7 mos. 15 ds.

Name of operation none Date of none

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) E. C. Peeler, M. D.
(Address) Clinton Mo.

