

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

Do not use this space.

OCT 21 1936

34013

1. PLACE OF DEATH

County Dade
Township Peck
City Clinton Mo R2 (No. _____)

Registration District No. 235
Primary Registration District No. 5322

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Clinton Mo R2 St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cora Grisham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept - 9 - 1869</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>11</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</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)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Clinton Mo
Dade Co. Mo

13. NAME
Monroe Hoover

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Dade Co
Missouri

15. MAIDEN NAME
Mary Ann Rowan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Dade Co
Missouri

17. INFORMANT
Cora Hoover
(ADDRESS) Clinton Mo R2

18. BURIAL, CREMATION, OR REMOVAL PLACE
Haupton Co DATE 9/3 1936

19. UNDERTAKER (ADDRESS)
Spring Funeral Service
211 Iron & Walnut St

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1936, to Sept 1936
Last saw him alive on Aug 19th 1936. Death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:
Date of onset

probable carcinoma of stomach & duodenum

Other contributory causes of importance:
none known

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? NO
If so, specify _____
(Signed) Charles H. McFall M. D.
(Address) Ash Grove Mo.

MARGIN RESERVED FOR BURNING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

