

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.

NOV 28 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

37479

1. PLACE OF DEATH

County Henry
 Township Clinton
 City Clinton (No. _____)

Registration District No. 347
 Primary Registration District No. 3018

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 - 1913

7. AGE YEARS 23 MONTHS 3 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

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

13. NAME J E Mc Ginnes

14. BIRTHPLACE (CITY OR TOWN) Henry Co. Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (CITY OR TOWN) Henry Co. Mo. (STATE OR COUNTRY)

17. INFORMANT J C Mc Ginnes (ADDRESS) Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE God Hope DATE Oct 24 1936

19. UNDERTAKER Paul C. Wilkinson (ADDRESS) Clinton Mo.

20. FILED 10-24-36 J R Humphreys Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1936

I last saw her live on Oct 23, 1936 Death is said

to have occurred on the date stated above, at 2 A. m.

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

Fracture of skull over left ear. Date of onset _____

Other contributory causes of importance: 1 B

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ 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 Oct 23, 1936

Where did injury occur at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury Fracture of skull

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) N. S. Cunningham M. D.

(Address) Clinton Mo.

