

NOV 26 1936

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

Do not use this space.

37704

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kan Primary Registration District No. 1002
City Kansas City (No. 3130 Garfield) St. _____ Ward _____

File No. _____
Registered No. 4550

2. FULL NAME James Albert Clinkenbeard

(a) Residence, No. 3130 Garfield 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Davis Clinkenbeard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 19, 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Illinois

FATHER
13. NAME William Clinkenbeard

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

MOTHER
15. MAIDEN NAME Lucinda X

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

17. INFORMANT J. Carl Clinkenbeard (ADDRESS) 5034 The Paseo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lamar, Mo. DATE Oct. 16, 1936

19. UNDERTAKER Stine & McClure (ADDRESS) 3235 Gillham Plaza

20. FILED Oct 15 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933 to Oct. 14, 1936
I last saw him alive on Oct. 14, 1936 Death is said

to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia
Chronic myocarditis
Paralysis - feet & hands
Date of onset

Other contributory causes of importance:

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 _____, 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) Walter Hamilton, M. D.
(Address) 602 Anglin Bldg

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.

D. L. H. Argyle Bldg