DEC 18 1936

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

Do not use this space.

40302

1. PLACE OF DEATH
County Barry
Township Wheaton
City Wheaton (No. ..... , ... St. ..... Ward)

Registration District No. 31
Primary Registration District No. 5042 A

File No. .....
Registered No. 39

2. FULL NAME Brownlow Clainger

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84	8	13	

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

FATHER
13. NAME John Clainger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nat Known

MOTHER
15. MAIDEN NAME Rachel Cunningham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nat Known

17. INFORMANT (ADDRESS) Chas Speak Wheaton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Unionville DATE Nov 22 1936

19. UNDERTAKER (ADDRESS) Payne & Son Wheaton Mo

20. FILED Nov. 23, 1936 Mattie Blankenship Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept-16-, 1936, to Nov-20-, 1936
I last saw him alive on Sept-16-, 1936. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	

Other contributory causes of importance:

1068

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) O. S. McNall, M. D.
(Address) Wheaton 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.