

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

Do not use this space.

41047

1. PLACE OF DEATH

County Henry

Registration District No. 347

File No.

Township

Primary Registration District No. 3018

Registered No.

City Clinton

(No.)

St. Ward

2. FULL NAME

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

(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)

Widowed

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

Maggie Howard

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

4-10-1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70

7

7

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 Life

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

Spencer Indiana

MOTHER FATHER

13. NAME

Amelia J Howard

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

Kentucky

15. MAIDEN NAME

Sarah Mc Bride

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

Spencer Indiana

17. INFORMANT (ADDRESS)

Mrs. Richard Parr Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Congerswood DATE 11-20 1936

19. UNDERTAKER (ADDRESS)

Ed. C. Wilkinson Clinton Mo

20. FILED

11-21 1936 J. B. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1935 to 11-17, 1936

I last saw him alive on 11-17, 1936 Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Uræmia, a
Pulmonary Edema
Anuria
Cardio-Vascular - Renal
crisis

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) Ed. C. Seeloy, M. D.

(Address) Clinton 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.

