

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important.

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

Do not use this space.

JAN 23 1937

1. PLACE OF DEATH

County Randolph Registration District No. 735
 Township _____ Primary Registration District No. 3034
 City Moberly (No. _____) _____ St. _____ Ward _____

45899

File No. _____

Registered No. 277

2. FULL NAME

(a) Residence, No. 210 Hinton ONE ST. 4 Ward _____

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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 ✓ ✓

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 _____

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

13. NAME Alex Clavinger

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Walter Jennings

18. BURIAL, CREMATION, OR REMOVAL PLACE Schrock DATE Jan 7 1937

19. UNDERTAKER (ADDRESS) Snow Funeral Home

20. FILED 12 1937 W. J. Chignell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1936

22. I HEREBY CERTIFY That I attended deceased from Dec 24 1936, to Dec 30 1936.

I last saw h. or alive on Dec 30 1936. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Embryones
Aspiration Pneumonia

Other contributory causes of importance: MM

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. J. Chignell M. D.

(Address) Moberly, Mo.

