APR 21 1937

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

Do not use this space.

File No. 12494

Registered No.

1. PLACE OF DEATH
County: LINN
Township: LOCUST CREEK
City: (No. , St.) Ward)

Registration District No. 501
Primary Registration District No. 5666

2. FULL NAME: MARY ELLEN CLEMANS

(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: FEMALE
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: J. C. CLEMANS, (DEC.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 28 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
35	79	9	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSEWIFE
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): GREEN COUNTY PENNSYLVANIA

FATHER
13. NAME: MATHIAS MARTIN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): X X X X PENNSYLVANIA

MOTHER
15. MAIDEN NAME: SARAH HINDMAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): X X X X PENNSYLVANIA

17. INFORMANT (ADDRESS): CHESTER CLEMANS LINNEUS, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL
PLACE: LACLEDE CEM DATE: MARCH 19, 1937

19. UNDERTAKER (ADDRESS): THORNE UNDERTAKING CO. LINNEUS, MISSOURI.

20. FILED: 4-8-, 1937 J. W. Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MARCH 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937, to March 16, 1937
I last saw her alive on March 16, 1937. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	
Chronic Myofibrositis	

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) Dr. G. H. Bradley, M. D.
(Address) Linneus Mo.

WRITE PLAINLY WITH INDELIBLE 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.

V. S. No. 2
100M-11-36-33