

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

JUL 26 1937

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

Do not use this space.

23165

1. PLACE OF DEATH

County Buchanan Registration District No. 83  
Township Praeger Primary Registration District No. 5124  
City Faucett (No. .... St. .... Ward)

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

2. FULL NAME

Mary L. Clinkenbeard

(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 Edmon Clinkenbeard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 8 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.  
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) Buchanan Co., Mo.  
(STATE OR COUNTRY)

13. NAME Harrison Davis

14. BIRTHPLACE (CITY OR TOWN) Unk., Ky.  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Gaunt

16. BIRTHPLACE (CITY OR TOWN) Unk., Ky.  
(STATE OR COUNTRY)

17. INFORMANT Mrs. C. W. Kirkman  
(ADDRESS) Faucett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DeKalb Cemetery, DATE June 25, 1937

19. UNDERTAKER Walter McInnes  
(ADDRESS) 1522 Parson St. St. Joseph, Mo.

20. FILED 6/23/1937 W. S. Hull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to June 23, 1937. I last saw her alive on June 22, 1937. Death is said to have occurred on the date stated above, at 8:35 a.m. A.M.

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

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance:

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? no

If so, specify \_\_\_\_\_  
(Signed) Dr. C. B. McInnes, M. D.  
(Address) DeKalb, Mo.

1881