

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 400

Township Lewis Summit

Primary Registration District No. 4235

City (No. Residence)

File No. 37867

Registered No. 170

St. Ward

2. FULL NAME

(a) Residence, No. Lewis Summit, Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 19 1866

7. AGE YEARS 71 MONTHS 5 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired miner

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) Bushnell Del

13. NAME Ambrose Mc Clendon

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

15. MAIDEN NAME Hannah Adkins

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

17. INFORMANT Mrs Wm Sanders

(ADDRESS) Lewis Summit Mo

18. BURIAL, CREMATION, OR REMOVAL

Lewis Summit Mo DATE Oct 17 - 1937

19. UNDERTAKER Field James

(ADDRESS) Lewis Summit Mo

20. FILED Oct 16 - 1937 William D. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 - 1937 to Oct 15 - 1937

I last saw him alive on Oct 15 - 1937 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:

Bronchial pneumonia Oct 8 - 1937

Other contributory causes of importance: Senility 107 1935

Name of operation none 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) A. S. Swaney, M. D.

(Address) Lewis Summit, Mo

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

+2 Shred+

RD Outroom

with an entry on old 40+

-RD, (number)-

↓

—————