WRITE PLAINLY, WITH UNFADING 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.

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

JAN 17 1938

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo. (No. General Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 44049
Registered No. 4952

2. FULL NAME Roy McClintock
(a) Residence, No. 1102 Benton St., Ward.
(Usual place of abode) (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1890

7. AGE YEARS 47 MONTHS 1 DAYS 7 ~~6~~ If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret'd Mechanical
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer
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) Glasgow, Mo.

FATHER
13. NAME Wm. T. McClintock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk, Iowa

MOTHER
15. MAIDEN NAME Mary Ellen Graham,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute, Ind.

17. INFORMANT (ADDRESS) Mrs. Eva McClintock 1102 Benton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Dec. 10, 1937

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED Dec 9, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Coronary to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:50 m. pm
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral sclerosis with
Cerebral encephalomalacia -
Fracture of the femur.
Terminal Bronchopneumonia

Other contributory causes of importance: 186a

Name of operation ..... Date of .....
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/18/37
Where did injury occur? 1102 Benton Kaw (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fell in Bathtub
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) [signature]