

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.

REC'D MAR 17 1938

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

Do not use this space.

6869

1. PLACE OF DEATH

County *Henry*
Township *Clinton*
City *Clinton* (No. *1*)

Registration District No. *347*
Primary Registration District No. *3018*

File No. *74*
Registered No. *74*
St. *Mo.* Ward *1*

2. FULL NAME

(a) Residence, No. *South Orchard St.*
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *F. M. Raines*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 15-1859*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. *78 2 18*

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *230*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *230*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Texas 2*

13. NAME *Robert Hughes 31*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know 31*

15. MAIDEN NAME *Sarah Mc New*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *Mrs. W. H. Mansfield Clinton Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Englewood* DATE *10/5-1937*

19. UNDERTAKER (ADDRESS) *Consolidated & Reick Clinton Mo.*

20. FILED *10/5-1937* *J. R. Hampton Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 3 1937*

22. I HEREBY CERTIFY, That I attended deceased from *about 10 years*, 19....., to....., 19.....

I last saw him alive on *Oct 2*, 1937. Death is said

to have occurred on the date stated above, at *6:30 A.M.*

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

Pulmonary Tuberculosis Date of onset

73- from duration

Other contributory causes of importance:

Name of operation *none* Date of.....

What test confirmed diagnosis? *clinical* 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) *S. W. Wolter*, M. D.

(Address) *Bellevue, Mo.*

