

REC'D MAY 12 1939

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

Do not use this space.

110
1. PLACE OF DEATHCounty *Washington*Registration District No. *886*Township *Deerfield*Primary Registration District No. *5-5-6*

City (No.) Ward)

File No. *16410*Registered No. *11*

2. FULL NAME

Fluorence Lydia Mc Cleese(a) Residence, No. 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

Female

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

Claude McCleese

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

Oct 21, 1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*57**5**20*

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)

Begrade, Mo

FATHER

13. NAME

Martin G. G. G. G.

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

Mo

MOTHER

15. MAIDEN NAME

Fannie W. G. G.

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

Mo

17. INFORMANT (ADDRESS)

Claude McCleese

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Sunlight* DATE *4-11*, 19*39*

19. UNDERTAKER (ADDRESS)

Johns Bayne

20. FILED

4-11, 19*39**J. P. Yeorgans*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-9*, 19*39*22. I HEREBY CERTIFY, That I attended deceased from *4-9*, 19*39* to *4-9*, 19*39*I last saw her alive on *7-9*, 19*39* Death is said to have occurred on the date stated above, at *7 P. M.*

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

*lobar pneumonia*Date of onset *4-9*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

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) *J. P. Yeorgans*, M. D.(Address) *Frontale, Mo*

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.

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