

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.

AK 11/10  
 JUN 8 1939

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

Do not use this space.

18606

1. PLACE OF DEATH

County Greene  
 Township  
 City Springfield

Registration District No. 318  
 Primary Registration District No. 2001

File No.  
 Registered No. 374

2. FULL NAME

George William Clinkenbeard  
 (a) Residence, No. 2426 Gagnard Ave Ward.  
 (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 M 4. COLOR OR RACE Wh SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Clinkenbeard  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1900  
 7. AGE YEARS 39 MONTHS 1 DAYS 12 If LESS than 1 day, . . . hrs. or . . . min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Robert Clinkenbeard

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

MOTHER 15. MAIDEN NAME Laura Collins

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

17. INFORMANT (ADDRESS) Stella Smith Holden 211

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshfield DATE May 7, 1939

19. UNDERTAKER (ADDRESS) McNabb Funeral Service 200

20. FILED 5-6-1939 Chas a George M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/4 1939

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1939, to March 17, 1939  
 I last saw him alive on March 17, 1939 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Rectal Cancer  
primary

Other contributory causes of importance: H<sup>2</sup>

Name of operation Date of  
 What test confirmed diagnosis? 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? If so, specify

(Signed) Henry T. Krash, M. D.  
 (Address) 4502 E. Conant

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2  
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21-1-62  

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1900-5-22  
1929-5-11

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