

FILED JUN 20 1940

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

Do not use this space.

18312

## 1. PLACE OF DEATH

County

Douglas

Registration District No.

957

Township

Richland

Primary Registration District No.

5396

City

(No.)

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(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.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

F

## 4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Widowed

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

Harmon Clinton

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

Nov. 4 - 1881

## 7. AGE

68

YEARS

MONTHS

5

DAYS

27

If LESS than 1  
day, ..... hrs.  
or ..... min.

## OCCUPATION

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

House Keeper

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

7 yrs

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

Douglas Co. Mo.

## 13. NAME

Geo. W. Collins

## FATHER

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

Douglas Co. Mo.

## MOTHER

## 15. MAIDEN NAME

Elizabeth Robertson

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

Unknown

17. INFORMANT  
(ADDRESS)Grover Clinton  
Silvan Springs Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Inman Cemetery

DATE May 2, 1940

19. UNDERTAKER  
(ADDRESS)O. B. McChurk  
GAINESVILLE MO

## 20. FILED

5-13

1940

Reba King White

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

May 1st 1940

22. I HEREBY CERTIFY, That I attended deceased from  
April 28th, 1940, to May 1st, 1940

I last saw him alive on 4 years ago, 1936. Death is said

to have occurred on the date stated above, at 4:30 A.M.

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

Date of onset

Phthisis Pulmonalis  
 Fibroid Phthisis or  
 Chey's Degeneration of lungs  
 10 or 12 years or so. The cause for  
 Other contributory causes of importance: Malnutrition  
 & many treated for. Did not  
 attend her.

Name of operation

none

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

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)

R. A. Sparks, M. D.

(Address)

Hust, Claura. 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.

