

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.

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

Do not use this space.

JAN 26 1935

1033

**1. PLACE OF DEATH**

County Henry  
Township Clinton  
City Clinton (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. 78 Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Clinton + water St. \_\_\_\_\_ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wid the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 9 28

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

13. NAME Clinton F Shull

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

15. MAIDEN NAME Virginia Richards

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

17. INFORMANT (ADDRESS) Ted Paxton Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 1-7-35

19. UNDERTAKER (ADDRESS) Consuelo + Peck Clinton Mo

20. FILED 9 1934 J. R. H. Repton Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Jan 6 1935  
I last saw her alive on Jan 6 1935 Death is said to have occurred on the date stated above, at 7:23 a.m.  
The principal cause of death and related causes of importance were as follows:

Labour pneumonia Date of onset 1/3

Other contributory causes of importance:  
108

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Chloroform (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 None  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) S. B. Hughes, M. D.  
(Address) Clinton, Mo.

