

SEP 20 1935

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

Do not use this space.

26249

1. PLACE OF DEATH

County *Henry*Registration District No. *347*

Township

Primary Registration District No. *3018*

City

(No. *115*)*E. Clinton*

St.

4

Ward)

2. FULL NAME

(a) Residence, No. *115 E. Clinton* St., *4* 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

Male

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

Hattie Poague

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

7-13-1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*71**-**21*

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

Retired

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

R. R. Engineer

10. Date deceased last worked at this occupation (month and year)

July 1934

11. Total time (years) spent in this occupation

40

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

Missouri

13. NAME

Michael Cratty

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

Dublin, Ireland

15. MAIDEN NAME

Bridget Collins

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

Ireland

17. INFORMANT (ADDRESS)

*Hattie Cratty
Clinton, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Englewood

DATE

8-6

1935

19. UNDERTAKER (ADDRESS)

*James General Non
Clinton, Mo.*

20. FILED

Aug 12, 19*35**J. R. Hampton*
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

8-3-1935

22. I HEREBY CERTIFY, That I attended deceased from

011 8-3-1935, toI last saw him *alive on*, 19..... Death is saidto have occurred on the date stated above, at *60* m.

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

This man was dead when I arrived and all signs of life were gone to a apoplexy

Other contributory causes of importance:

 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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)

Ed. C. Oulton, M. D.

(Address)

Clinton Mo.

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.

