

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.

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

Do not use this space.

APR 18 1936

10310

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton (No. St. Ward)

2. FULL NAME Amanda Leaty
 (a) Residence, No. 322 N Washington 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife) H Clay Leaty
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1856

7. AGE YEARS 79 MONTHS 7 DAYS 10
 If LESS than 1 day, hrs. or min.

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

MOTHER FATHER
 13. NAME Rolan Hankins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Barbara
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Roy Leaty
 (ADDRESS) P.O. Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Englewood DATE 3/18 36

19. UNDERTAKER Consolys & Peck
 (ADDRESS) Clinton Mo

20. FILED 3-28-36 1936 J. N. Hamilton
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1936, to 3-17, 1936
 I last saw him alive on 3-17, 1936. Death is said to have occurred on the date stated above, at 5:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Billemory Culculi 1925
 Other contributory causes of importance:
Hunt Black
 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) J. D. Walker, M. D.
 (Address) Clinton Mo

