

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

Do not use this space.

23607

1. PLACE OF DEATH

County Monroe Registration District No. 571
 Township California Primary Registration District No. 4335-
 City California (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 42

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. Clinin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1887
 7. AGE YEARS 49 MONTHS 3 DAYS 28 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 _____

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

MOTHER FATHER
 13. NAME John Baker

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

15. MAIDEN NAME Elizabeth Leister

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

17. INFORMANT Geo. W. Clinin (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rocky Creek DATE June 24, 1936

19. UNDERTAKER J. W. L. Latham (ADDRESS) California

20. FILED 6-24-36 H. R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22-36 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1936, to June 22, 1936
 I last saw him alive on June 20, 1936 Death is said to have occurred on the date stated above, at 5 A. m.

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

Acute gangrenous appendicitis
general peritonitis
 Other contributory causes of importance: None

Name of operation Appendectomy Date of 6-14-36
 What test confirmed diagnosis? Opth. 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) L. L. Latham, M. D.
 (Address) California

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.

