

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

Do not use this space.

32949

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

St.

Ward

2. FULL NAME

(a) Residence No.

(Usual place of abode)

Ward.

(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 *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 27 - 1861*

7. AGE YEARS *73* MONTHS *4* DAYS *26* If LESS than 1 day, hrs. or min.

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.

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) *Ireland*

13. NAME *John Clinton*

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

15. MAIDEN NAME *Ann Brady*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Waukegan, Ill.*

17. INFORMANT (ADDRESS) *Wm. Elizabeth Clinton 3470 Broadway*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Marys* DATE *9/24/34*

19. UNDERTAKER (ADDRESS) *J. J. O'Donnell 3275 1/2 Broadway*

20. FILED *Sept. 21, 1934* *M. M. Crowe* *Asst. Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *September 20, 1934*

22. I HEREBY CERTIFY that I attended deceased from *July 28* 19*34* to *9-20* 19*34*. I last saw him alive on *9-30* 19*34*. Death is said to have occurred on the date stated above, at *11:45 am*

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

*Labot pneumonia - 9/1/34*

Other contributory causes of importance: *Paralysis Agitans 7/1/1935*

Name of operation *Pluncal* Date of *no*

What test confirmed diagnosis *Pluncal* 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?

If so, specify

(Signed) *M. J. O'Connell*, M. D.

(Address) *Red Bluff, Ky.*

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.

