

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.

FEB 18 1936

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

Do not use this space.

776

1. PLACE OF DEATH

County

dent

Registration District No.

269

Township

Norman

Primary Registration District No.

5376

City

Ralph Click

(No. _____)

St.

Ward

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St.

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 (write the word)

married

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

- Ida A. Click

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

Feb 16, 1910

7. AGE

25

MONTHS

10

DAYS

16

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Farmer

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

all life

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

dent & mo.

FATHER

13. NAME

W H Click

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

dent Co mo.

MOTHER

15. MAIDEN NAME

Mamie A Stites

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

dent Co mo.

17. INFORMANT (ADDRESS)

W H Click
Salmon Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mount Hermon Mo

DATE

1/4 1936

19. UNDERTAKER (ADDRESS)

H D Bohon
Salmon Mo

20. FILED

Jan 4 1936 Mrs Cora Bailey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2, 1936

22. I HEREBY CERTIFY That I attended deceased from December 21st, 1935, to January 2, 1936

I last saw him alive on December 30, 1935. Death is said to have occurred on the date stated above, at 4:00 P. m.

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

Bronchial Pneumonia (right)

Date of onset
12-12-35

Other contributory causes of importance:

Hypertension

12-27-35

Name of operation

Date of

What test confirmed diagnosis? Clinical. 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)

F. E. Smith

, M. D.

(Address) Salmon, Missouri

