

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered 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 32 yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hra. or .....min.

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL

PLACE

DATE

19. UNDERTAKER (ADDRESS)

20. FILED

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 19 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14 1937 to 4/19 1937

I last saw him alive on 4/19 1937. Death is said to have occurred on the date stated above, at ..... m.

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

Film & Bronchial Pneumonia

Date of onset

Other contributory causes of importance: No

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? No

If so, specify

(Signed) K. Ryan

(Address) min. general

M. D.

Registrar

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.

MAY 31 1937  
104 County *Shannon*  
Township *Clinton*

City *Clinton* (No. ....)  
2. FULL NAME *George Washington Clingan*

(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 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 *Archie Lee Clingan*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 3 - 1862*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
*74 7 18*

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lawrence, Mo.*

13. NAME *Robert Clingan*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Barbille, Mo.*

15. MAIDEN NAME *Nancy Martin*

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

17. INFORMANT (ADDRESS) *Carl Clingan*

18. BURIAL, CREMATION OR REMOVAL PLACE *Starks* DATE *4-20 1937*

19. UNDERTAKER (ADDRESS) *Botten Funeral Home*

20. FILED *June 14 1937 J. H. Weatherman Registrar*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4 - 19 1937*

22. I HEREBY CERTIFY, That I attended deceased from *April 14 1937* to *4/19 1937*

I last saw him alive on *4/19 1937*. Death is said to have occurred on the date stated above, at ..... m.

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

*Film & Bronchial Pneumonia*

Other contributory causes of importance: *No*

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? *No*

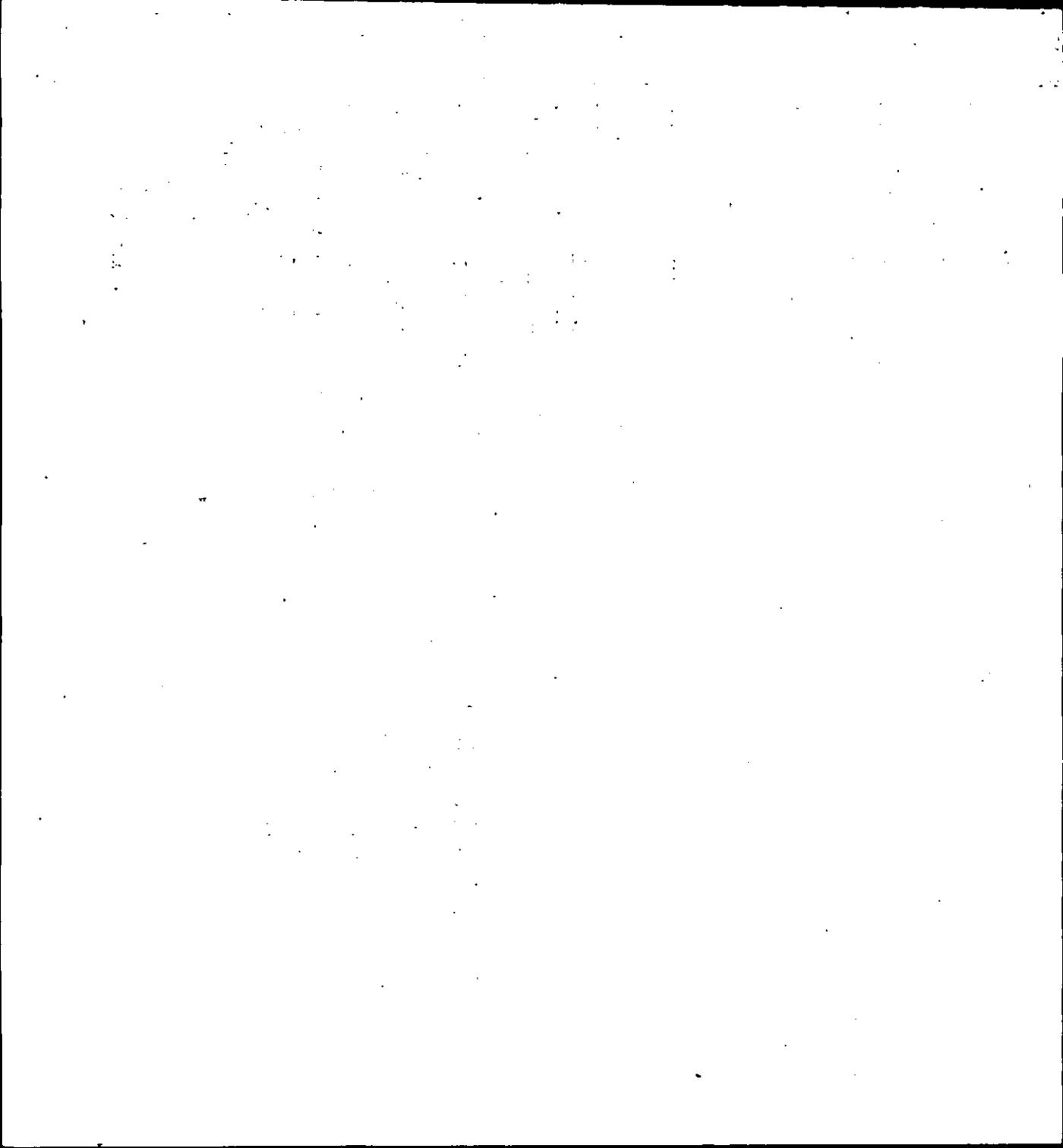
If so, specify

(Signed) *K. Ryan*

(Address) *min. general*

M. D.

Registrar



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Texas Registration District No. 1027  
Township Clinton Primary Registration District No. 6136  
City (No. ) St. Ward

File No. 17824  
Registered No. \_\_\_\_\_

**2. FULL NAME** George Washington Clinjan

(a) Residence, No. (Usual place of abode) St. Ward.

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. (If nonresident, give city or town and State)

**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 Annie Lee Clinjan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day	hrs. or min.
	<u>74</u>	<u>7</u>	<u>18</u>		

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence, Kansas

13. NAME Robert Clinjan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville, Va

15. MAIDEN NAME Nancy Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wetmore, Mo

17. INFORMANT (ADDRESS) Carl Clinjan

18. BURIAL, CREMATION, OR REMOVAL PLACE Stuffs DATE 4-20 1937

19. UNDERTAKER (ADDRESS) Bollen Funeral Home

20. FILED April 24 1937 W. Weatherman Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 14 1937 to 4/19 1937  
I last saw h. on 4/18 1937. Death is said to have occurred on the 14 day of April, 1937.

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

Tubercular Bronchitis  
Pneumonia

Other contributory causes of importance:

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

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) R. G. Ryan, M. D.  
(Address) 1111 1/2 Ave

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-17824