

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

Do not use this space.

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2883

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
42 County Henry
8 Township Clinton
6 City Clinton (No. _____)
2. FULL NAME Henry Cloe 400
(a) Residence, No. _____ County Henry 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.

Registration District No. 347
Primary Registration District No. 3018
5499

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-8-1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad + Laborer
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) Green County Mo
13. NAME Moak Cloe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
15. MAIDEN NAME Mattie Blanchard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green County Mo
17. INFORMANT (ADDRESS) Mrs John Cloe Clinton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Gals Cemetery DATE 1-12-1938
19. UNDERTAKER (ADDRESS) Fred C. Wilkinson Clinton Mo
20. FILED Jan 15 1938 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11, 1938
22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1937, to 1-11, 1938
I last saw him alive on 11-6, 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency
arterial Sclerosis
Date of onset Don't Know
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? chubb 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) J. R. Hampton, M. D.
(Address) Clinton Mo

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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH