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.

REC'D MAY 6 1938

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

Do not use this space.

File No. 15592

Registered No.

1. PLACE OF DEATH
County Polk
Township Morrow
City Pleasant Hope (No. ... St. ... Ward)

Registration District No. 710
Primary Registration District No. 5939

2. FULL NAME Jesse John Clingman 4592

(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: 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 Rowena Clingman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1867

7. AGE: Years 70 | Months 5 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

FATHER

13. NAME Henry Clingman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER

15. MAIDEN NAME Elizabeth Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT Dern Clingman
(ADDRESS) Pleasant Hope Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hope DATE April 13, 1938

19. UNDERTAKER Willard D. Cousin Funeral
(ADDRESS) Pleasant Hope, Mo.

20. FILED April 25 1938 Estelle Benton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938 to April 11, 1938
I last saw alive on April 11, 1938. Death is said to have occurred on the date stated above, at 11½ p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of liver	Feb. 20, 1938
NMO	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... 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) W. E. Albright, M. D.
(Address) Pleasant Hope, Mo.