REC'D MAY 19 1939

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

Do not use this space.

File No. 14957

Registered No.

1. PLACE OF DEATH
County Henry — Registration District No. 347
Township — Primary Registration District No. 3018
City Clinton Mo (No. ... St. ... Ward)

2. FULL NAME 542 James Calvin Inloes

(a) Residence, No. Clinton Mo St. ... Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 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 Nora Inloes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9-1860
7. AGE YEARS 79 MONTHS DAYS 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 Life

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

FATHER
13. NAME Daniel Henry Inloes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary Jane Hooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Olin Inloes (ADDRESS) Clinton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Deer Creek DATE 4-10 1939
19. UNDERTAKER Fred Wilkinson (ADDRESS) Clinton Mo
20. FILED 4-29 1939 Dod J. B. Hamilton Registrar. 312

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1939
22. I HEREBY CERTIFY, That I attended deceased from ..., 1936, to April 8, 1939
I last saw him alive on April 1, 1939. Death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows: Coronary occlusion — Date of onset April 8 39

Other contributory causes of importance: Chronic Myocarditis Unknown

Name of operation none 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) S. B. Hughes, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X9314

RECEIVED
District Health Officer No. 7,
District File Number 7-39-681
Date Filed 5-4-39

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

1495-7
Do not use this space.

1. PLACE OF DEATH
(a) County Henry — Registration District No. 347
(b) Township — Primary Registration District No. 3018 — Registered No.
(c) City Clinton (d) Street No. ____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Calvin Inloe
(a) Residence, No. ____ St. ____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

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, ...hrs. or ....min.
	79			

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as 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) ____

FATHER
13. NAME Henry Inloe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

MOTHER
15. MAIDEN NAME Mary Jane Hoffner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT (ADDRESS) ____

18. BURIAL, CREMATION, OR REMOVAL
PLACE ____ DATE ____, 19__

19. FUNERAL DIRECTOR (ADDRESS) ____

20. FILED 4-29 1939 Dr J R Hampton
Local Registrar

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1939

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__ to ____, 19__
I last saw h.... alive on ____, 19__ 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:

	Date of onset
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 ____, 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) L B Hughes, M. D.
(Address) Clinton Mo