Dr. Arrington
FEB 19 1936

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

Do not use this space.
5152

1. PLACE OF DEATH
County Cole — Registration District No. 213
Township — Primary Registration District No. 3014
City Jefferson (No. , St. Ward) — File No. — Registered No. 38

2. FULL NAME Earl F. McClintock

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mabel McClintock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-28-1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	2	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. State Purchasing Agent for Mo.
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) Farmington, Missouri

FATHER
13. NAME Chas B. McClintock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Martha Hughes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Mabel McClintock, Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Feb-5-- 19 36

19. UNDERTAKER (ADDRESS) Hoyle G. Gordon, Jefferson City Mo

20. FILED Feb 19 1936 By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3 .1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Feb 3, 1936
I last saw h.. alive on Feb 3, 1936. Death is said to have occurred on the date stated above, at 4 00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure	Feb 3
Medullary Compression	Feb 2
Spinal Meningitis (New Cases)	Feb 1,

Other contributory causes of importance:

Chronic otitis Media (Left)	Dec'n
Chronic Mastoiditis (Left)	Jan 1, 193[illegible]

Name of operation Simple Mastoidectomy Date of Feb. 1, 1936
What test confirmed diagnosis? Spinal Fluid 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) John W. Arrington, M. D.
(Address) Central Trust Building Jefferson City, 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.

MAR 28 1945