

MAR 27 1931

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

Do not use this space.

2686

1. PLACE OF DEATH

County *St. Francois*Registration District No. *779*Township *Randolph*Primary Registration District No. *6024A*City *Desloge* (No.)

St. Ward)

2. FULL NAME *Louisa J. McClintock*

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 4 - 1850*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>81</i>		<i>4</i>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *Card of home*

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) *Knoblake Missouri*
(STATE OR COUNTRY)13. NAME *Joseph Bailess*14. BIRTHPLACE (CITY OR TOWN) *Tennessee*
(STATE OR COUNTRY)15. MAIDEN NAME *Mary Casteel*16. BIRTHPLACE (CITY OR TOWN) *Tennessee*
(STATE OR COUNTRY)17. INFORMANT *Samuel V. McClintock*
(ADDRESS) *Desloge Mo*18. BURIAL, CREMATION, OR REMOVAL *Burial*
PLACE *St. Francois* DATE *Jan. 11, 1931*19. UNDERTAKER *C. J. Boyer*
(ADDRESS) *Desloge Mo*20. FILED *1-10-31* *R. B. K. Co.*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 9 - 1931*22. I HEREBY CERTIFY, That I attended deceased from *Dec 15*, 1930, to *1-8*, 1931I last saw h. *at* alive on *1-8*, 1931. Death is saidto have occurred on the date stated above, at *40* m.

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

<i>Broncho-pneumonia</i>	Date of onset
<i>10713</i>	<i>1-5-31</i>
<i>112</i>	

Other contributory causes of importance:
bronchial asthma

Name of operation	Date of operation
<i>8 10713</i>	<i>10</i>
What test confirmed diagnosis: <i>Clinical</i>	Was there an autopsy? <i>no</i>

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) *Mo*
Specify whether injury occurred in industry, in home, or in public place.Manner of injury
Nature of injury24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify(Signed) *Harold C. Kaebe*, M. D.
(Address) *Desloge 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.

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