

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger
Township Wright
City _____ (No. _____)

Registration District No. 67
Primary Registration District No. 3707

File No. 26447-2
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9, 1925

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. min.
2 3 27 1 _____ _____ _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bollinger Co Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER R. B. Clifton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bollinger Co Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Ann Hies

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bollinger Co Mo.
(STATE OR COUNTRY)

14. INFORMANT R. B. Clifton
(Address) Luttwille Mo

15. FILED Sept 6, 1927 C. A. Sanders
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 6 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1927, to Sept. 6, 1927, that I last saw her alive on Sept. 5, 1927, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dysentery

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. A. Sanders M. D.
, 19 _____ (Address) Marble Hill, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dongola DATE OF BURIAL Sept 7 1927

20. UNDERTAKER Robt. Kellogg ADDRESS Luttwille Mo

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

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.

