NOV 23 1927

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

Do not use this space.

29866

1. PLACE OF DEATH

County Clinton — Registration District No. 208 — File No. 5

Township Hardin — Primary Registration District No. 5288 — Registered No.

City ~~Trimble~~ (No. ..... St. ..... Ward)

2. FULL NAME Mary Matilda Clouser

(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: Female

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 D. A. Clouser

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-24-1859

7. AGE: Years 68 — Months 1 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Keeper

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER James E. Weller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mary A. Mark

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

14. INFORMANT D. A. Clouser (Address) Trimble, Mo

15. FILED 11/2 1927 Mrs J. A. Clarke REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-26 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 7 1927, to Oct-26 1927 that I last saw him alive on Oct 25 1927 and that death occurred, on the date stated above, at 8-40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A apoplexy

97

74A1

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis

(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) [illegible], M. D

Oct 31, 1927 (Address) Sugar Creek 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: Ridgeley Cem. — DATE OF BURIAL: Oct-27 1927

20. UNDERTAKER: J. H. Rollins — ADDRESS: Edgerton 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.