FEB 24 1928

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

Do not use this space.

3792

1. PLACE OF DEATH
County Vernon
Township ~~[illegible]~~
City Nevada (No. ..... St. ..... Ward)
Registration District No. 875
Primary Registration District No. 3039
File No. .....
Registered No. 19

2. FULL NAME Clara Evelon Creasey
(a) Residence. No. 1014 S Cedar St., 3 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don Creasey
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 23 July 1888
7. AGE Years 39 Months 5 Days 21 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) Taney County Mo
PARENTS
10. NAME OF FATHER Meran Hopkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER D K
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) D K Penn.
14. INFORMANT James Creasey (Address) Nevada Mo
15. FILED 3-6, 1928 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1928
17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1928, to Jan 14, 1928 that I last saw her alive on Jan 13, 1928 and that death occurred, on the date stated above, at 4 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebrospinal
11A Pneumonia
10A
11A (duration) ..... yrs. ..... mos. 3 ds.
CONTRIBUTORY (SECONDARY) Influenza
..... (duration) ..... yrs. ..... mos. 6 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? symptoms
(Signed) H. W. Lancaster, M. D
1/16, 1928 (Address) Nevada 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 Moore Cemet
DATE OF BURIAL Jan 15 1928
20. UNDERTAKER Ferry Funeral Home
ADDRESS Nevada