

JAN 23 1929

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

Do not use this space.

40346

1. PLACE OF DEATH

County Hennip  
Township Clinton  
City Clinton (No. 1)

Registration District No. 347  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. 148  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Clara Ricketts

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 | 1 | 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Hancock Co  
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Andrew Ricketts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Fairfield Co Ohio

12. MAIDEN NAME OF MOTHER Mary Hoffman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs Inez McKee  
(Address) Clinton Mo

15. FILED Dec 23 1928 Dr. E. C. Peckol REGISTRAR  
per JH

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/28 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/21/28, 1928, to 12/28, 1928, that I last saw him alive on 12/23, 1928, and that death occurred, on the date stated above, at 7 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberc Pneumonia  
10R  
CONTRIBUTORY (SECONDARY) 10/10  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) N. P. Chagerson, M. D.  
12/23, 1928 (Address) Peak 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 Findlay Ohio DATE OF BURIAL Dec 26 1928

20. UNDERTAKER Spore & Son ADDRESS Clinton 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.

