

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

Do not use this space.

17475

1. PLACE OF DEATH

County Bollaway
Township Wilder
City (No.) St. Ward)

Registration District No. 109
Primary Registration District No. 5-157

File No.
Registered No. 447

2. FULL NAME

America Carolina Clatterbuck

(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. 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) Widowed

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

Walter Clatterbuck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10-1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 1 8

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

W H Hudson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER

Marlet Crank

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

14.

INFORMANT Mary Christian
(Address) New Bloomfield Mo

15.

FILED June 10 1929 Missouri REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1929

17. I HEREBY CERTIFY That I attended deceased from April 20 1929 to May 18 1929 that I last saw him alive on May 17 1929, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cardiac failure
92 h
57 h (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Pneumonia (duration) 15 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Physic

(Signed) W. H. Hudson

My 14, 1929 (Address) New Bloomfield Mo M. D.

*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

DATE OF BURIAL

Dryfork cemetery 5/19 1929

20. UNDERTAKER

ADDRESS

Ray Holt New Bloomfield

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.

PARENTS

