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

Do not use this space.

574

1. PLACE OF DEATH
County: Cole
Registration District No.: 213
Primary Registration District No.: 30-4
File No.:
Registered No.: 11
Township:
City: Jefferson (No. ..., ... St. ... Ward)

2. FULL NAME: Clara Marie Wetenborg

(a) Residence. No. 1025 E. McCarty 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 10 - 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
44	11	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Poas
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Herman Wetenborg
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Elis. Brins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany

14. INFORMANT: Mrs. Pete Prenger
(Address): J.C. Mo

15. FILED 2/9, 19 30 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 2 1930

17. I HEREBY CERTIFY, That I attended deceased from 12/29, 1929, to Jan 2, 1930 that I last saw h... alive on Jan 2, 1930, and that death occurred, on the date stated above, at 10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Bilateral
108
... (duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (SECONDARY) 1010
... (duration) ... yrs. ... mos. ... 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? Consultation
(Signed) L. A. T. Mayer, M. D.
1/4, 1930 (Address) Jefferson City, 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	DATE OF BURIAL
Poas. Mo.	1-4-1930
20. UNDERTAKER	**ADDRESS**
C. P. Heinrichs.	J.C. 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.