

R 28 1930

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

Do not use this space.

2030

1. PLACE OF DEATH

County New Madrid Registration District No. 603  
Township \_\_\_\_\_ Primary Registration District No. 4357  
City Morehouse (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 1  
\_\_\_\_\_ St. \_\_\_\_\_ Ward)

2. FULL NAME Clara Beel Case

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-21-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work  
(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) Morehouse Mo

10. NAME OF FATHER Harold Case

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

12. MAIDEN NAME OF MOTHER Mrs. Harrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT J. J. Case (Address) Morehouse

15. FILED 1-24-30 John J. Case REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 19 30

17. I HEREBY CERTIFY, That I attended deceased from Jan 21 1930, to Jan 23 1930, and that I last saw him alive on Jan 23 1930 and that death occurred, on the date stated above, at 1570 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Congenital heart disease

CONTRIBUTORY (SECONDARY) 1570

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 Physiical Exam

(Signed) Wm. R. Keady, M. D.

, 19 (Address) 1-23-30

\*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 Charleston Mo DATE OF BURIAL 1-24-30

20. UNDERTAKER Home Makers ADDRESS

7  
506

