APR 30 1930 Ra...

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

Do not use this space.

9458

1. PLACE OF DEATH
County Macon — Registration District No. 533 — File No. 9458
Township Round Grove — Primary Registration District No. 5721 — Registered No. 97
City ~~Macon~~ (No. ..... St. ..... Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17-1858

7. AGE: YEARS 71 — MONTHS 9 — ~~DAYS~~ 25 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Macon Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER W — K Vansickle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Ellis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

14. INFORMANT Jim Falkner
(Address) Macon Mo

15. FILED 3/31, 1930 Mrs Luke Hunkler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1928, to Mar 12, 1930 that I last saw ~~him~~ alive on Mar 10, 1930 and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
93C
97
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) 3 13 D L Harlan, M. D.
, 1930 (Address) Clarence 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: Bethlehem — DATE OF BURIAL: 3-13-1930

20. UNDERTAKER: Stephens & Godding — ADDRESS: Macon 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.