

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

Do not use this space.

15310

File No. **88**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Boone Registration District No. 73
Township _____ Primary Registration District No. 3006
City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs. Clara May Whitesides
(a) Residence. No. 570 Jackson 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 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 Edward P. Whitesides
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7-1882
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
48 0 1
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) Boone Co Mo.
10. NAME OF FATHER Ward
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Boone Co Mo.
12. MAIDEN NAME OF MOTHER Bondie Roberts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Boone Co Mo.

14. INFORMANT E. P. Whitesides
(Address) 570 Jackson St.
15. FILED May 8, 1930 Beatrice Guoras REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 - 1930
17. I HEREBY CERTIFY, That I attended deceased from May 8 1930, to May 8 1930 that I last saw him alive on May 8 1930, and that death occurred, on the date stated above, at 8:40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis
Pulmonary,
23A
(duration) _____ yrs. _____ mos. 1 ds.
CONTRIBUTORY (SECONDARY) 31
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS
5/8-30 (Signed) E. P. Whitesides M. D.
, 19 (Address) Columbia 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 Columbia Cemetery DATE OF BURIAL May 9 30
20. UNDERTAKER B. H. Baker ADDRESS Columbia

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.

MAY 22 1930

