OCT 28 1930

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

Do not use this space.

29074

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1. PLACE OF DEATH

County Barton — Registration District No. 44 — File No.

Township Central — Primary Registration District No. 5066 — Registered No. 7

City ~~Liberal~~ (No. ..... St. ..... Ward)

2. FULL NAME Angeline Sophia Clough

(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 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)
Fe	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed George P Clough

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	3	24	

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) Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Joseph Nusbaum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Caroline Rice
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Edgar H. Clough
(Address) Liberal Mo.

15. FILED 9-20, 1930 G. E. Locker, M.D. REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 19 1930

17. I HEREBY CERTIFY, That I attended deceased from 5-2-30, 1930, to Sept 19, 1930 that I last saw her alive on Sept 18, 1930, and that death occurred, on the date stated above, at 11:23 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
82 A
102
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 74 A
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.
(Signed) H. E. Marchbanks, M. D.
9-20, 1930. (Address) Pittsburg, Kansas

*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: Barton City-Liberal — DATE OF BURIAL: Sept 21 1930

20. UNDERTAKER: Berkey Funeral Service — ADDRESS: Mulberry Kans

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.