DEC 20 1930

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

Do not use this space.

35543

1. PLACE OF DEATH
County Cape Girardeau Co. Registration District No. 128
Township Applecreek Primary Registration District No. ~~3009~~
City (No. 1615 Lacy St. 5176 B St. Ward)
File No.
Registered No. 551

2. FULL NAME Clara Laura Dost
(a) Residence. No. Near Shawneetown 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 Otto Dost

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-28-1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
38	11	12	

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) Near Shawneetown
(STATE OR COUNTRY) ✓

PARENTS
10. NAME OF FATHER Earnest Rudert
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Earnstina Schneider
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Adolph Rudert
(Address) Shawneetown

15. FILED 11/12, 1930 W C Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1930 to Nov 10, 1930 that I last saw her alive on Nov 10, 1930 and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Brights disease
131
93B
(duration) about yrs. 9 mos. — ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) about yrs. 6 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?
(Signed) W A Schoen, M. D.
11-12, 1930 (Address) Cape Girardeau 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: Shawneetown
DATE OF BURIAL: Nov. 13 1930

20. UNDERTAKER: Fred Kahnert
ADDRESS: New Wells Mo.

CAUSE OF DEATH in plain terms, that it may be properly classified. Exact state ... OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Cape Gir — Registration District No. 128 — File No.

Township: Apple creek — Primary Registration District No. 5176 B — Registered No. 551

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Clara Laura Dost

(a) Residence. No. Near Shawneetown 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11-28-1891

7. AGE: Years 38 — Months 11 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

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): Near Shawneetown

PARENTS

10. NAME OF FATHER: Earnest Rudert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Christine Schneider
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Adolph Rudert
(Address): Shawneetown

15. FILED: JAN 10 1931, 19 ..... Laura Veach, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

11/12 (Signed) W. A. Schoen, M. D
1930 (Address) Cape Girardeau 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: Shawneetown — DATE OF BURIAL: Nov 13 1930

20. UNDERTAKER: Fred Kahnert — ADDRESS: New Wells Mo

SUPPLEMENTARY

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 important.

REGISTRAR NOT REQUIRED FOR CERTIFICATES UNTIL THEY ARE PRESCRIBED BY LAW

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