

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.

JUN 29 1931

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

Do not use this space.

20330

1. PLACE OF DEATH

County Lepas Registration District No. 868
Township Sherrill Primary Registration District No. 6149
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 13

2. FULL NAME

(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. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

Jennette Cloese

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 6 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house 939
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wife
10. Date deceased last worked at this occupation (month and year) May 1931 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooksville Tenn

MOTHER FATHER
13. NAME Thomas Steger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooksville Tenn

MOTHER FATHER
15. MAIDEN NAME Rose

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett

17. INFORMANT (ADDRESS) Mr. Cloese Licking

18. BURIAL, CREMATION, OR REMOVAL PLACE Highgate Cem DATE May 31 1931

19. UNDERTAKER (ADDRESS) Robert Smith

20. FILED June 6 - 31 W. R. Reid Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1931

22. I HEREBY CERTIFY, That I attended deceased from May 6 1931, to May 30 1931
I last saw him alive on May 28 1931. Death is said to have occurred on the date stated above at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

acute ascending paral Date of onset May 6/31
frisis
80A 81
77
Other contributory causes of importance: Arterio-sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. R. Reid M. D.
(Address) Licking, Mo.

