

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

Do not use this space.

43160

PLACE OF DEATH

County Sullivan
Township Dunbar
City Reger (No.)

Registration District No. 924
Primary Registration District No. 6121

File No.
Registered No. 13
St. Ward)

2. FULL NAME Lucina A. Clem,

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Clem
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 5 21

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)

10. NAME OF FATHER Wm. Sherwood
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Eliz. Whaley
New York
(STATE OR COUNTRY) N.Y.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT Herbert Clem
(Address) Milan, Mo

15. FILED 12-23, 1931 J. Rogers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 22 19 31
17. I HEREBY CERTIFY, That I attended deceased from 12 18 18, 19 31, to 12-21, 19 31 (that I last saw her alive on 12-21, 19 31, and that death occurred, on the date stated above, at 2:00 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Debility
an valvular heart trouble
99 (duration) yrs. 8 mos. ds.
CONTRIBUTORY (SECONDARY) 99 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. D. Russell M. D.

(Address) Reger 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 Henry Cem. Reger, Mo. DATE OF BURIAL Dec. 23 19 31

20. UNDERTAKER C. A. Schoene ADDRESS Milan, Mo.

Any 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.

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Very important
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**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH** 852

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Sullivan
Township Duncan
City (No.) (St.) (Ward)

Registration District No. 929
Primary Registration District No. 6121

File No.
Registered No. 13

2. FULL NAME Lucina A. Clem

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Clem (deceased)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30, 1852</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>5</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>		10. Date deceased last worked at this occupation (month and year)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-18 to 12-21, 1931

I last saw her alive on 12-21, 1931. Death is said to have occurred on the date stated above, at 2:50 A.M.

The principal cause of death and related causes of importance were as follows:
Senile debility and Valvular Heart trouble

Other contributory causes of importance: _____

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? _____
If so, specify _____ (Signed) J. W. Funnell, M. D.

(Address) Reges, Mo
12/22/31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Sullivan, Mo

13. NAME Wm. Sherwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Douglas, Mo

15. MAIDEN NAME Mary Ellen Whaley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
New York, N.Y.

17. INFORMANT Herbert Clem
(ADDRESS) Sullivan, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Henry Com. Cem. DATE Dec. 23, 1931

19. UNDERTAKER C. A. Scherer
(ADDRESS) Sullivan, Mo

20. FILED 2, 1931
Mayme Calfee
Registrar

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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