

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.

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

Do not use this space.

937

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398
 5 Township Blue Primary Registration District No. 3019
 8 City Independence (No.) St. Ward (.....)

2. FULL NAME ELIZABETH H. CLEMENTS
 (a) Residence, No. 404 No. Dlage St. 4 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 58 yrs. 6 mos. 29 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 Wesley Clements

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 181

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1077

10. Date deceased last worked at this occupation (month and year) Jan. 1932 11. Total time (years) spent in this occupation 1

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

13. NAME Augustus Hoffmeister

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 26

17. INFORMANT (ADDRESS) Florence J. Peavy, 412 No. Craig - INDEP. MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE 1-16-32

19. UNDERTAKER Ott & Mitchell - INDEP. MO

20. FILED Jan. 16, 1932 F. L. Cash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 10, 1932, to Jan 14, 1932
 I last saw her alive on Jan 9th, 1932. Death is said to have occurred on the date stated above, at 11:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Branchio-Pneumonia Date of onset 1-13-32
followed severe burns

Other contributory causes of importance: Severe 2nd degree burns over 1/3 to 1/2 of body from gas - Jan 10. Explosion in furnace 1932.

Name of operation none Date of
 What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident Date of injury Jan 10, 1932
 Where did injury occur? In home, Independence, Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Ignited a gas fired furnace
 Nature of injury Burns 1/3 to 1/2 of body

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify House wife, lighting furnace
 (Signed) W. S. Allen, M. D.
 (Address) Independence Mo.

