

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

Do not use this space.

1415

1. PLACE OF DEATH
 49 County Jasper Registration District No. 408
 45 Township Macon Primary Registration District No. 3020
 City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME Clara Ann Roper
 (a) Residence, No. 423 E. Macon St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 10 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 D. A. Roper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 9 17

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235'

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brazier Indiana 2

FATHER 13. NAME N. A. McCarrough
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kubusaw Missouri 1

MOTHER 15. MAIDEN NAME Mary Fumell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana 2

17. INFORMANT (ADDRESS) Mr. H. C. Roper James City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE Jan 6 1932

19. UNDERTAKER (ADDRESS) Knell Mortuary Carthage Missouri

20. FILED 1-6 19 32 E. H. K. K. K. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1932, to Jan 4, 1932
 I last saw her alive on Jan 4, 1932. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia right lower
108
1208 108
 Other contributory causes of importance:
acute gastro-enteritis Dec 25 1931

Name of operation none Date of _____
 What test confirmed diagnosis? yes p. by treat. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) H. A. LaFare, M. D.
 (Address) Carthage Mo

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.

