

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.

FEB 25 1932

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

Do not use this space.

2094

3

1. PLACE OF DEATH
 County Pallas Registration District No. 727
 Township Berry Primary Registration District No. 4433
 City Berry (No. _____) St. _____ Ward _____

2. FULL NAME Tommy Alice Clay
 (a) Residence, No. _____ St. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 27 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. Clay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/14/1872

7. AGE YEARS 58 MONTHS 7 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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) maumee co mo

FATHER 13. NAME John M. Wiest
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) maumee co mo

MOTHER 15. MAIDEN NAME Dora Parish
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) maumee co mo

17. INFORMANT J. S. Clay (ADDRESS) Berry mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Holiday mo DATE Jan 26 1932

19. UNDERTAKER Geo. Rosselle (ADDRESS) _____

20. FILED 1/25 1932 Geo. Rosselle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1932 to Jan. 22 1932. I last saw her alive on Jan 22 1932. Death is said to have occurred on the date stated above, at 9:50 a.m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
diabetes
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ (D) 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) P. E. Suter, M. D.
 (Address) Berry mo.

