

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.

6663

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. 4512 N. Broadway)..... St..... Ward.....

File No.....
Registered No. 1738
St..... Ward.....

2. FULL NAME

Jessie Cleaton
(a) Residence No. 4512 N Broadway 9 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-11-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 7 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Embroidery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worke 95
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) Mo 1

MOTHER 13. NAME Robert Cleaton 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas 2

15. MAIDEN NAME Lora Corlew

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT Robert Cleaton
(ADDRESS) 4512 N Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE 2-24-1932

19. UNDERTAKER F. A. Slack Used Co.
(ADDRESS) Grand Blvd

20. FILED 23 1932 19 May C. V. Harkley
Registrar.

MEDICAL CERTIFICATE OF DEATH

1. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/19, 1931, to 2/21, 1932

I last saw her alive on February 20, 1932. Death is said to have occurred on the date stated above, at 2:00 m.

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

23A
Pneumony
Tuberculosis
Date of onset 6/1/31
Other contributory causes of importance: 2, 3, ①
Name of operation none Date of.....
What test confirmed diagnosis? sputum 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? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury.....

24. Was disease of injury in any way related to occupation of deceased?.....
If so, specify George Z. Mehan M. D.
(Signed) George Z. Mehan
(Address) 1006 S Jefferson Ave.

Jeff. & Abigail

SA-7

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