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

Do not use this space.

22492

File No.

Registered No. 514

1. PLACE OF DEATH

39 County Greene — Registration District No. 318

3 Township — Primary Registration District No. 2001

5 City Springfield (No. 860 S Peach Ave St. Ward)

2. FULL NAME Clara Andrews

(a) Residence, No. 860 S Peach St., 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Maynard Andrews

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

7. AGE (approx) YEARS 41 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Mo 1

FATHER

13. NAME David Benton Jarrett

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

MOTHER

15. MAIDEN NAME Etta Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 2

17. INFORMANT (ADDRESS) Charlie Jarrett 1069 S Grant

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood DATE July 24 1932

19. UNDERTAKER (ADDRESS) W P Campbell 869 Wash. Ave

20. FILED 7-24 1932 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from ....., 19.... to ....., 19....

I last saw her ~~alive~~ dead on July 22 1932. Death is said to have occurred on the date stated above, at 6:10 P m.

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

Bullet wound of heart
Hemorrhage
No Physician in attendance

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 7-21, 1932

Where did injury occur? Springfield Mo. (Specify city or town, county, and State)

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

Manner of injury Revolver rounds

Nature of injury Bullet wounds of heart

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] C Stone Coron, M. D.

(Address) Springfield, 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.

AUG 23 1932

V. S. No. 2.