

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

Do not use this space.

27172

**1. PLACE OF DEATH**

94 County St. Francois Registration District No. 775-  
Township Cery Primary Registration District No. 6020

CITY Donneville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Hospital Blanch Clittenden

**2. FULL NAME** \_\_\_\_\_  
(a) Residence, No. Cantwell 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** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Henry Clittenden  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Nov. 9, 1903  
**7. AGE** YEARS 28 MONTHS 9 DAYS 21 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)** Washington Co. Mo.

**13. NAME** Dock Stagg

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Washington Co. Mo.

**15. MAIDEN NAME** Dicy Twomey

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Washington Co. Mo.

**17. INFORMANT (ADDRESS)** Bear Belmar Leadwood Mo.

**18. BURIAL, CREMATION, OR REMOVAL**  
PLACE Leadwood DATE Sept 1, 1932

**19. UNDERTAKER (ADDRESS)** C. E. Boyer 3 Desloge Mo.

**20. FILED** 9/1 19 32 R. E. Nelson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Aug. 30, 1932

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5:16 P. m.

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

Automobile Collision  
(Coroner's Jury Verdict)  
210 M

Date of onset 8-28-32

Other contributory causes of importance: (1)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

**23. If death was due to external causes (violence), fill in also the following:**  
Accident, suicide, or homicide? Accident Date of injury 8-28-1932

Where did injury occur? Highway bet. Leadwood & Desloge  
(Specify city or town, county, and State) Mo.

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

Manner of injury Auto Accident Pleasure Car

Nature of injury Revered Trauma

**24. Was disease or injury in any way related to occupation of deceased?** \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) R. B. Hester Coroner, M. D.  
(Address) Desloge Mo.

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.

PERMANENT RECORD

