

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

Do not use this space.

29108

1. PLACE OF DEATH

45 County Howard Registration District No. 378
 Township Richmond Primary Registration District No. 5-5-26
 City County Farm (No.) St. Ward)

File No.
 Registered No. 57

2. FULL NAME Clara Weatherspoon

(a) Residence. No. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25, 1890

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day,hrs. ormin. |
|--------|-------|--------|------|--|
| 42 | --- | --- | 5 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 23 24

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) 31
 (STATE OR COUNTRY) (Unknown)

PARENTS

10. NAME OF FATHER "

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (Unknown)
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
 (STATE OR COUNTRY)

14. INFORMANT R. J. Fisher
 (Address) Fayette, Mo.

15. FILED 10/1 1932 V. C. Bonham
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-30 1932

17. I HEREBY CERTIFY, That I attended deceased from 9-15-32 to 9-30-32, 19...
 that I last saw h.c. alive on 9-30, 1932, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) Dementia Praecox (Katonie Type) (duration) 14 yrs. 6 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

0 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) R. J. Fisher, M. D.
 19 (Address) Fayette, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL County Farm Fayette, Mo. DATE OF BURIAL 10-1 1932

20. UNDERTAKER County Farm - R. Fisher Fayette, 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.

9 OCT 26 1932

