Da

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

Do not use this space.
34726

1. PLACE OF DEATH
County Bates
Township Walnut Twp
City ..... (No. 3087 St. ..... Ward)

Registration District No. 56
Primary Registration District No. ~~56~~

File No. .....
Registered No. 57

2. FULL NAME Mrs Clara J. Mize.

(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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of W Mize

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 13. 1858

7. AGE: YEARS 74 | MONTHS 2 | DAYS 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Foster Bates Co. Mo.

FATHER
13. NAME Benjamin F. Jennings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary E. Lee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

17. INFORMANT (ADDRESS) Mrs. O Jennings Foster Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Nov 8 1932

19. UNDERTAKER (ADDRESS) Culver Butler Mo

20. FILED Nov 7 1932 H. A. Rhoades M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1932, to Nov 5 1932
I last saw her alive on Oct 16 1932. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic	
Carcinoma Liver	
46B	
46E 46B	

Other contributory causes of importance:
Carcinoma Stomach

Name of operation ..... 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? .....
If so, specify .....
(Signed) Carter H. Culver, M. D.
(Address) Butler, 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.