

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

Do not use this space.

35051

File No. 7
Registered No. 37
St. _____ Ward _____

1. PLACE OF DEATH

County Cass Registration District No. 157
Township _____ Primary Registration District No. 4091
City Pleasant Hill (No. _____)

2. FULL NAME Case A. Clauson

(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 F 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 - 1874
7. AGE YEARS 58 MONTHS 5 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 255
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper
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

MOTHER 13. NAME Fred Baker

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

15. MAIDEN NAME Elonah Marrow

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

17. INFORMANT Abe Clauson
(ADDRESS) Pleasant Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Nov 26 1932

19. UNDERTAKER W. W. Lyon
(ADDRESS) Pleasant Hill Mo

20. FILED Nov 25 1932 F. B. Murray M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1932 to Nov 24 1932
I last saw her alive on Nov 24 1932 Death is said to have occurred on the date stated above, at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:

Uremic Coma
Malignant Hypertension not known
Date of onset Nov 24 1932
Other contributory causes of importance: _____

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? _____ 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 ①

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) F. B. Murray, M. D.
(Address) Pleasant Hill, 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.

WHILE LIVING, WITH CHANGING INCOME THIS IS A PERMANENT RECORD

JAN

100

2