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

Do not use this space.

2025

File No.
Registered No.

1. PLACE OF DEATH
County: Johnson
Township: ~~[illegible]~~
City: Holden (No. , St. Ward)
Registration District No. 427
Primary Registration District No. 4253

2. FULL NAME: Clara Janette Geary

(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): June 29-1919

7. AGE: Years 13 | Months 6 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): Missouri

FATHER
13. NAME: H. Geary
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

MOTHER
15. MAIDEN NAME: Anna B. Mason
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): H. Geary Holden Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Holden Cemetery DATE: Jan 15, 1933

19. UNDERTAKER (ADDRESS): T. T. Goodman Holden Mo

20. FILED Jan. 14, 1933, Edward Andrews, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1932 to Jan 13, 1933
I last saw her alive on Jan 13, 1933. Death is said to have occurred on the date stated above, at 4:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Peritonitis	
and Pleurisy	
Septic Embolism	
in Pleural Cavity	

Other contributory causes of importance: Intestinal Flux

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) Emery Thompson, M. D.
(Address) Holden 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

E. Thompson