

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

Do not use this space.

4422

1. PLACE OF DEATH

County Jacobs Registration District No. 859.
Township Ransom Primary Registration District No. _____
City Harber (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29-1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wagon
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) Verona Mo.

FATHER 13. NAME Rev. Gardinere

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

MOTHER 15. MAIDEN NAME Burns

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

17. INFORMANT (ADDRESS) Mr. Clodfelter Harber Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harber Mo. DATE 1/28 1933

19. UNDERTAKER (ADDRESS) none

20. FILED 1/28 1933 P. J. Thoms Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1933 to 1-28, 1933
I last saw him alive on 2:30 PM 1/25/1933 Death is said to have occurred on the date stated above, at _____ m.

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

Illness
General weakness
Possible heart
Nervous exhaustion
Other contributory causes of importance:
11th
876/110

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) C. P. Matley, M. D.
(Address) Ransom 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.

