

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

Do not use this space.

8680

1. PLACE OF DEATH

13 County Calaveras Registration District No. 96
4 Township Hamilton Primary Registration District No. 4058
2 City Hamilton (No.) St. Ward)

File No.

Registered No.

2. FULL NAME

Clara Maria Preutere

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>		
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gideon Preutere</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 29 1852</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>3</u>	DAYS <u>2</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</u>			
	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) <u>Gallatin, Mo.</u>				
FATHER	13. NAME <u>O. B. Richardson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Hampshire</u>			
MOTHER	15. MAIDEN NAME <u>Sarah Bristow</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
17. INFORMANT (ADDRESS) <u>J. Preutere</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>Mar 2 1933</u>				
19. UNDERTAKER (ADDRESS) <u>Nettie S. Aughton</u>				
20. FILED <u>Mar 10 1933 Irene Kemper</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to Mar 1, 1933
I last saw her alive on Feb 28, 1933 Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:
Uremic coma
Chronic interstitial nephritis
Date of onset Feb 27 1933

Other contributory causes of importance:
hypertension
1922

Name of operation
What test confirmed diagnosis? Lab. & Phys. diagnosis Date of no. 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

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Herbert R. Booth, M. D.
(Address) Hamilton 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 PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

