

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

Do not use this space.

8832

PLACE OF DEATH

County Carleton
Township Brunswick
City Brunswick (No. _____)

Registration District No. 169
Primary Registration District No. 4098

File No. _____
Registered No. 10
St. _____ Ward)

2. FULL NAME CLARA JACQUOT

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe Jacquot</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-20-1856</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>9</u>	DAYS <u>23</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>at Home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>			
	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>Germany</u>				
FATHER	13. NAME <u>Joe. Miller</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Unknown</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	17. INFORMANT <u>Francis Jacquot</u> (ADDRESS) <u>Brunswick Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brunswick</u> DATE <u>McK 15 1933</u>				
19. UNDERTAKER <u>E. M. Heisel</u> (ADDRESS) <u>Brunswick Mo</u>				
20. FILED <u>3/14</u> 19 <u>33</u> <u>N. E. Sation</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) McK-13 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/8/33 1933 to 3/15/33 1933
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:
Bruchs Pneumonia
107A, 107A
Other contributory causes of importance: _____

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) John M. Nelson, M. D.
(Address) Brunswick Mo

Date of onset
3/8/33

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

APR 24 1933

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a multi-paragraph document, possibly a report or a set of instructions. The text is organized into several distinct sections, likely separated by headings or sub-headings, but the specific content cannot be accurately transcribed. The document contains various lines of text, some appearing to be numbered or bulleted, and possibly some tables or diagrams that are too faint to discern. The overall structure suggests a formal document with multiple paragraphs of descriptive or procedural text.]