

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

Do not use this space.

1. PLACE OF DEATH

11 County Buchanan Registration District No. 85
5 Township Joseph Primary Registration District No. 1001
9 City Joseph (No. Pro. Meth. Hosp.)

File No. 18990
Registered No. 648
St. _____ Ward _____

2. FULL NAME

Dorline Ray Clausser
(a) Residence, No. 1347 Buchanan Ave. 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24-33
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 0 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joseph Missouri

13. NAME Larence E. Clausser

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

15. MAIDEN NAME Plece Bell Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Silver Grove Kansas

17. INFORMANT L. Clausser (ADDRESS) Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE June 26, 1933

19. UNDERTAKER Flanagan Funeral Home (ADDRESS) Joseph Mo.

20. FILED 6-26-33 1933 J. M. R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1933, to June 24, 1933. I last saw her alive on June 24, 1933. Death is said to have occurred on the date stated above, at 10:50 P.M.

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

Prematurity
159
157

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? No

If so, specify _____

(Signed) J. M. Allaman, M. D.

(Address) _____

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.

JUL 20 1933

MARGIN RESERVED FOR BINDING

V. S. NO. 2

