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.

OCT 20 1933

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

Do not use this space.

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No. 29297
Township Washington — Primary Registration District No. 3016 — Registered No. 66
City Washington (No. ..., ..... St. ..... Ward)

2. FULL NAME Clara Obermark
(a) Residence, No. 505 West 5th St., ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. 0 mos. 0 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: William Obermark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 30th, 1911

7. AGE: YEARS 22 — MONTHS 3 — DAYS 8 — If LESS than 1 day, ..... hrs. or ..... min.

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

FATHER
13. NAME: Fred Buhr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington, Missouri

MOTHER
15. MAIDEN NAME: Christina Kopp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington, Missouri

17. INFORMANT (ADDRESS): William Obermark, 505 W. 5th St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Catholic Cemetery — DATE 9/12/ 1933

19. UNDERTAKER (ADDRESS): Otto & Co., Washington, Mo.

20. FILED Sept 11 1933 A. L. [illegible] Registrar.

## 5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 8 — 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27 — 1933, to Sept. 8 — 1933
I last saw her alive on Sept. 8 — 1933. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Toxaemia of Pregnancy - appendicitis - diabetes - hyperemesis gravidarum | June 15-1933 |
| 1215 | |
| 147 | |
| 59 | |
| Other contributory causes of importance: Hemophilia | July 25-33 |

Name of operation: appendectomy — Date of Sept 2. 1933
What test confirmed diagnosis? ✓ — 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) H. A. May, M. D.
(Address) Washington Mo.