

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

Do not use this space.

File No. **32526**

JAN 3 1934

PLACE OF DEATH

County Clay
Township Ballwin
City North Kansas City (No. RFD #5)

Registration District No. 197
Primary Registration District No. 5276

Registered No. _____
St. _____ Ward _____

FULL NAME Clara Bell Tener

(a) Residence, No. North Kansas City mo RFD #5 Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OR WIFE OF) <u>Charles Tener</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24, 1874</u>				
7. AGE	YEARS <u>58</u>	MONTHS <u>9</u>	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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>Ill.</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT <u>Chas. Tener</u> (ADDRESS) <u>North Kansas City RFD #5</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty mo.</u> DATE <u>Oct 15 1933</u>				
19. UNDERTAKER <u>Morton & Co</u> (ADDRESS) <u>North Kansas City mo.</u>				
20. FILED <u>Dec 1 1933</u> <u>John S. Morton</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 12 1933, to Oct 10 1933
I last saw her alive on Oct 10 1933 Death is said to have occurred on the date stated above, at 6 9 m.
The principal cause of death and related causes of importance were as follows:
Carcinoma Liver Date of onset 9-10-33
No
Other contributory causes of importance: None

Name of operation Laboratory Date of _____
What test confirmed diagnosis? Laboratory Was there an autopsy? yes

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? yes
If so, specify _____
(Signed) J. Lawson, M. D.
(Address) 121 E 8th St. C. 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.

1933-11-24
1891-1-17
1892-10-7