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.

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

Do not use this space.

35836

1. PLACE OF DEATH
County: Caldwell — Registration District No.: 99
Township: Grant — Primary Registration District No.: 5-146
City ..... (No. ..... St. ..... Ward) — File No. ..... Registered No. .....

2. FULL NAME: Clara Jane Stepleton

(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: Fem.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 5 1885

7. AGE: Years 48 — Months 0 — Days 22 — 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.: .....
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): Clark Co Ill

FATHER
13. NAME: R. A. Swisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER
15. MAIDEN NAME: Dora Marrs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Oscar Swisher Braymer

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Braymer DATE: 11-28-33

19. UNDERTAKER (ADDRESS): Alsparaugh & Cowley Polo Mo

20. FILED: Dec 9, 1933 Mrs Wylie Thompson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1933, to Nov 26, 1933
I last saw her alive on 11-25, 1933. Death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	11-20-33
92 B	
106 A	

Other contributory causes of importance:
Acute inflammatory arthritis wright knee, Rt shoulder & left wrist.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) C. H. Wilson, M. D.
(Address) Polo Mo