JAN 26 1934

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

Do not use this space. 40860

1. PLACE OF DEATH

73 County Newton — Registration District No. 609 — File No. 52

Township Neosho — Primary Registration District No. 5808 — Registered No.

City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME Donald Edward Clouse

(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 1927

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 6 | 3 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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

1 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neosho Missouri

FATHER

13. NAME Henry Clouse

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Goldie Bratten

22 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Henry Clouse Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gibson Cem DATE Dec 21 1933

19. UNDERTAKER (ADDRESS) Bigham's Neosho Mo

20. FILED 12-21 1933 Dr. E M Roseberry Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Dec 20, 19..

I last saw him alive on Dec 19, 1933 Death is said to have occurred on the date stated above, at 49 m.

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

Typhoid Fever — Date of onset Nov 23d

Other contributory causes of importance: Cerebral meningitis and otitis media from Toxaemia accompanying (The Typhoid) Dec 10th

Name of operation ..... Date of .....

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? .....

If so, specify .....

(Signed) E M Roseberry, M. D.

(Address) Neosho, Mo. 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.