

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

Do not use this space.

MAR 24 1934
1. PLACE OF DEATH

19 County Cass Registration District No. 152 File No. 4232
Township Campbunch Primary Registration District No. 5216 Registered No. 3
City (No.) St. Ward

2. FULL NAME

Clara Ellen Greaser

(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 L 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 28

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) Nov. 1933 11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rantoul Illinois

13. NAME David H. Plank

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wooster Ohio

15. MAIDEN NAME Leah King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ligonier Ind

17. INFORMANT C. F. Greaser
(ADDRESS) Warden City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearfork DATE Feb. 9 1934

19. UNDERTAKER W. H. Hartzler
(ADDRESS) East Ford Mo.

20. FILED 2/9 1934 W. H. Hartzler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1933, to Feb 5, 1934

I last saw him alive on Feb 5, 1934. Death is said to have occurred on the date stated above, at 59 m.

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

Arterial sclerosis

Date of onset

Other contributory causes of importance:

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? no

If so, specify

(Signed) J. S. Triplett, M. D.

(Address) Hardinsville, Mo.

Triplett

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

