

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

Do not use this space.

10109

APR 25 1934

1. PLACE OF DEATH
 County Boone Registration District No. 742
 Township Lawson Primary Registration District No. 0977^c
 City Lawson (No. _____) St. _____ Ward _____

2. FULL NAME Vada F. Clewenger
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 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) Jan. 22 1917

7. AGE YEARS 17 MONTHS 1 DAYS 8 IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2nd 1934

22. I HEREBY CERTIFY That I attended deceased from March 2, 1934 to March 7th, 1934
 I last saw him/her alive on March 3rd, 1934 Death is said to have occurred on the date stated above, at 12 noon m.
 The principal cause of death and related causes of importance were as follows:
Septic Diphtheria Date of onset Feb. 18th 34

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. at home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
15A
15A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME James M. Clewenger

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

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Lennese Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

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.

17. INFORMANT (ADDRESS) Floyd Clewenger
Lawson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson DATE March 4

19. UNDERTAKER (ADDRESS) Edwin Shouse
Lawson Mo.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify Edwin Shouse, M. D.
 (Signed) Lawson, Mo.
 (Address)

20. FILED March 3 1934 Edwin Shouse
 Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

