

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.

AUG 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85
Township _____ Primary Registration District No. 1001
City ST. JOSEPH (No. ST. JOSEPH'S HOSPITAL N. 10TH St. _____ Ward)

23254

File No. _____
Registered No. 760

2. FULL NAME EDITH E. NESBITT CLUTZ

(a) Residence, No. BENDENA, KANSAS St. _____ Ward. _____

Length of residence in city or town where death occurred _____ yrs. 1 mo. 5 da. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CLAUDE B. CLUTZ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 11, 1882

7. AGE YEARS 52 MONTHS _____ DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) ATCHISON (STATE OR COUNTRY) KANSAS

13. NAME JAMES NESBITT DANVILLE

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

15. MAIDEN NAME ELIZABETH DOLL

16. BIRTHPLACE (CITY OR TOWN) HAMILTON (STATE OR COUNTRY) MISSOURI

17. INFORMANT MR CLAUDE B. CLUTZ (ADDRESS) BENDENA, KANSAS

18. BURIAL, CREMATION, OR REMOVAL MT. VERNON PLACE DATE JULY 6, 1934

19. UNDERTAKER WILLIAM STANTON (ADDRESS) ATCHISON, KANSAS

20. FILED 7-3 1934 John K. Bender Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1934 to July 3, 1934
I last saw her live on July 3, 1934. Death is said to have occurred on the date stated above, at 4:50 a. m.
The principal cause of death and related causes of importance were as follows:

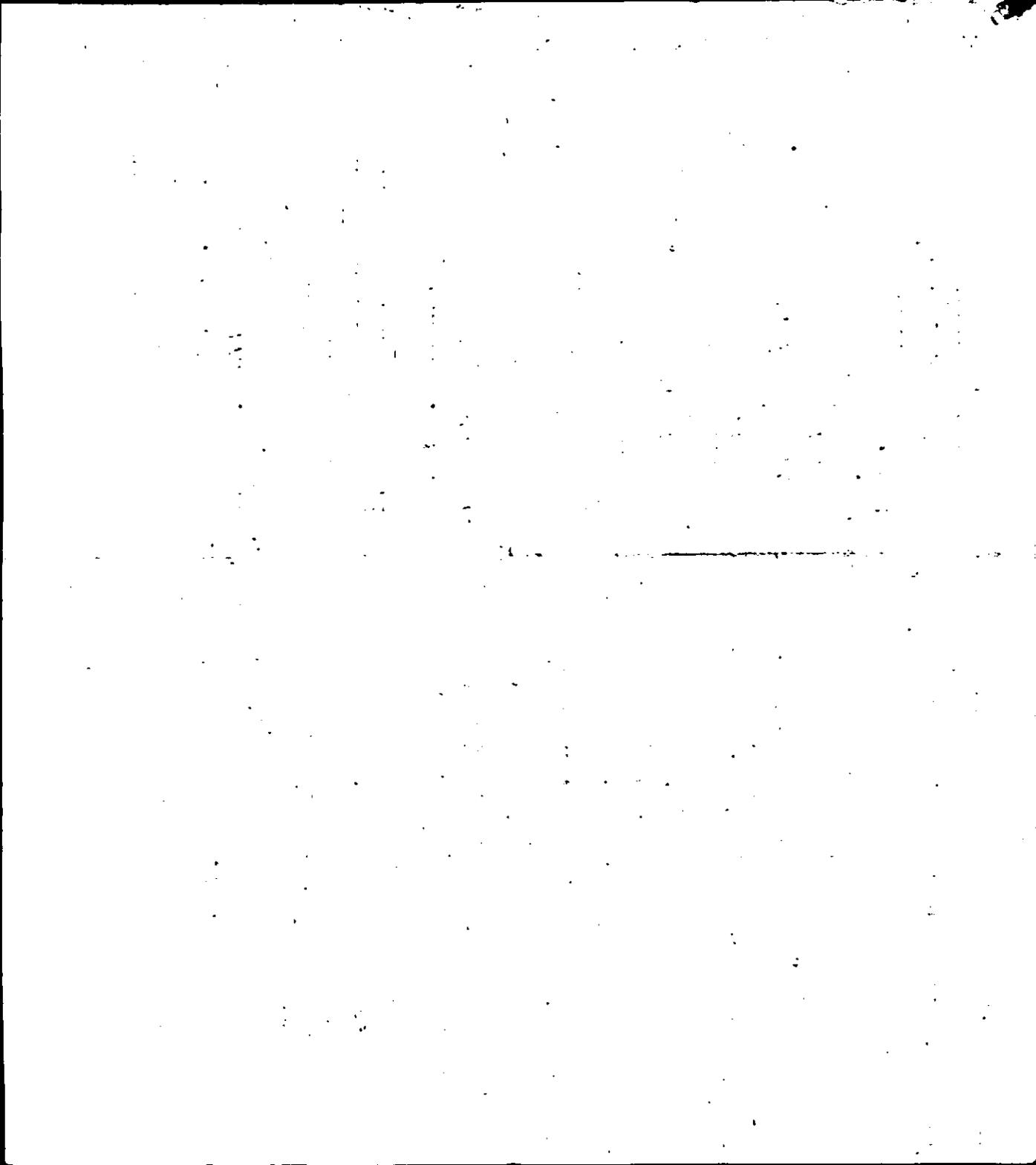
g. thrombus abdominal operation (removal of cecum)
Date of onset July 2, 1934
Other contributory causes of importance: 1218

Name of operation hysterectomy Date of June 3
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) A. W. Clutz, M. D.
(Address) Bendena, Kansas



#2 Buchanan
St Joseph.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

965

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Edith E. Nesbitt Clutz
Who died at St Josephs Hospit. on July - 3 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex 7 Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 52 Months _____ Days 22

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Fibromyoma of Uterus (Malignant)
Chro Salpingitis; Chronic Cervicitis;
Chronic Appendicitis.

Other contributory causes of importance Abdominal operation removal of Uterus

Name of operation Hysteromyotomy Date of June 7 - 1937

What test confirmed diagnosis? Clinical & history Was there an autopsy? No

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar John R. Bender Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 85-
Primary Reg. Dist. No. 1001

E. T. McGaugh, M.D.
Special Agent.

