

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.

JAN 22 1935

45465

**1. PLACE OF DEATH**

County Scotland  
 Township Harrison  
 City —

Registration District No. 809  
 Primary Registration District No. 6054

File No. ....  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME**

John Clatt

(a) Residence No. .... St. .... Ward. ....  
 (Usual place of abode) Ref (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Clatt</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 23 - 1879</u>				
7. AGE	YEARS <u>55</u>	MONTHS <u>8</u>	DAYS <u>5</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u> <u>100</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u> <u>71</u>			
	10. Date deceased last worked at this occupation (month and year) <u>—</u> <u>41</u>			
11. Total time (years) spent in this occupation <u>—</u>				

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Garin Mo.</u>
	13. NAME <u>Chas. Clatt</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Mary Klingler</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Bertha Clatt</u> <u>Garin Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Garin Cemetery</u> DATE <u>Dec 30 - 1934</u>	
19. UNDERTAKER (ADDRESS) <u>Bertha Baskett</u> <u>Garin Mo.</u>	
20. FILED <u>Dec. 30 - 1934</u> <u>Don Piers</u> Registrar.	

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28 - 1934

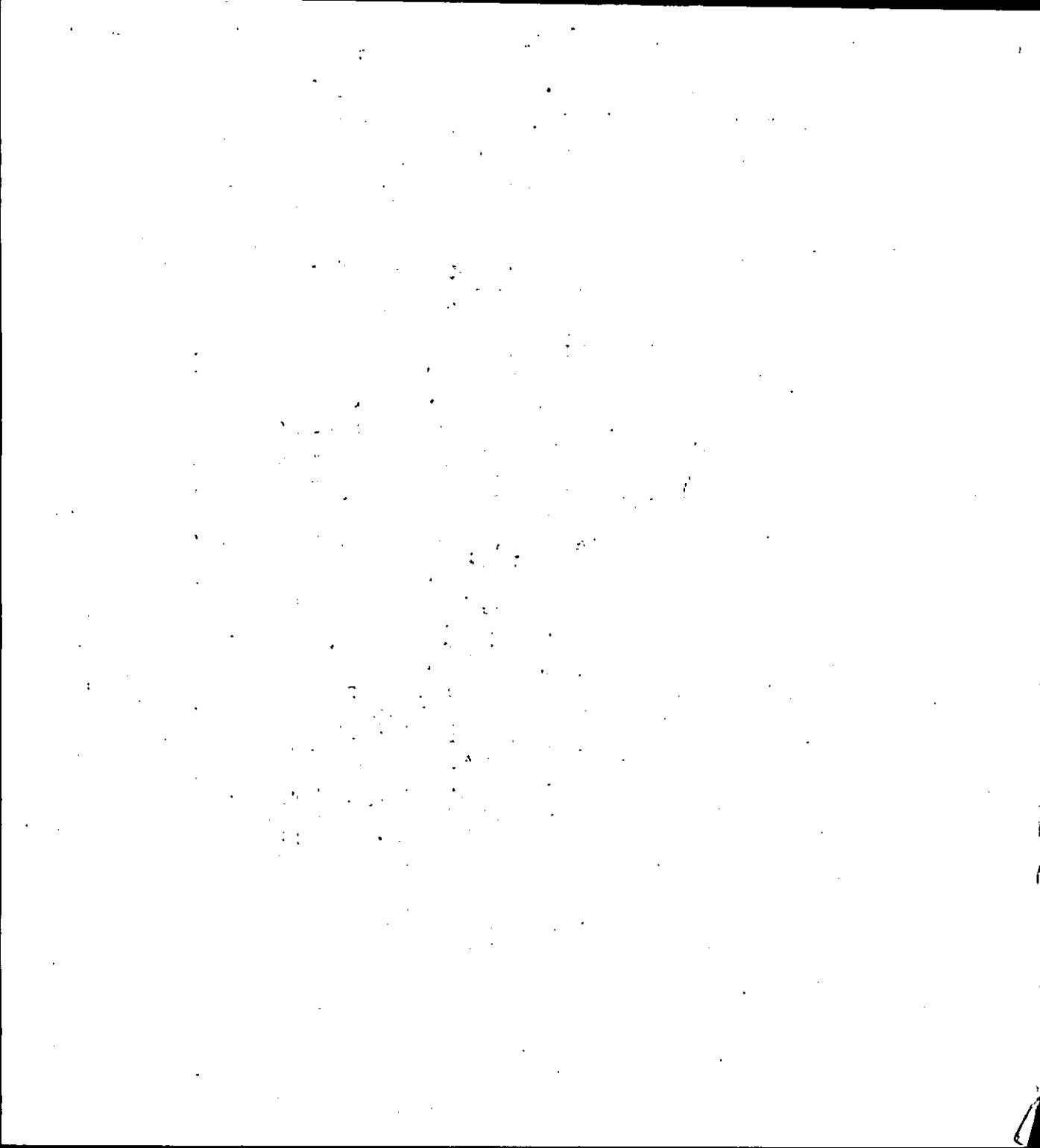
22. I HEREBY CERTIFY, That I attended deceased from Sept 7 - 1933, to Dec. 28 - 1934.  
 I last saw him alive on Dec. 28 - 1934. Death is said to have occurred on the date stated above, at 6 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Anaemia (Idiopathic -) Date of onset Sept. 1933  
with Pyemia of gums  
1065  
 Other contributory causes of importance:  
Bronchitis and atrophy of stomach

Name of operation none 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) Don Piers, M. D.  
 (Address) Garin Mo.



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

Do not use this space.

**1. PLACE OF DEATH**

County Scotland Registration District No. 809  
Township Harrison Primary Registration District No. 6054  
City.....(No.....).....St.....Ward.....

File No.....  
Registered No.....

**2. FULL NAME**

John H. Clatt  
(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 life 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) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1934  
7. AGE YEARS 55 MONTHS 8 DAYS 5 If LESS than 1 day, hr. or min.

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

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) near Garin, Mo. (STATE OR COUNTRY)

13. NAME Chas. Clatt

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

15. MAIDEN NAME Mary Klingler

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

17. INFORMANT Mrs. Bertha Clatt (ADDRESS) Garin Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Garin Cemetery DATE Dec. 30-1934

19. UNDERTAKER Borth & Baskett (ADDRESS) Garin Mo.

20. FILED Dec 30 1934 Don Pierce Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7-1933 to Dec 28-1934  
I last saw him alive on Dec 28-1934 Death is said to have occurred on the date stated above, at 6 P. m.

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

Idiopathic or pernicious anaemia - Date of onset 1060

Other contributory causes of importance:  
Pyorrhea of gums and atrophy of stomach & a chronic bronchitis.

Name of operation none 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) Don Pierce, M. D.  
(Address) Garin 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.

WRITE PLAINLY, WITH WRITING INSTRUMENTS

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