

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.

SEP 18 1935

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

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25477

1. PLACE OF DEATH

County Andrew, Registration District No. 8
Township _____, Primary Registration District No. 4005-
City Amazonia, (No. Amazonia, Missouri, St. _____ Ward _____)

2. FULL NAME Fannie Frances Claimer,

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

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Harry Claimer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y 2, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 16

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

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) Feb'y 25, 1935 11. Total time (years) spent in this occupation 58 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County, Missouri

13. NAME Jacob Warner

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

15. MAIDEN NAME Adaline Blankenship

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky

17. INFORMANT Harry Claimer (ADDRESS) Amazonia, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cemetery DATE Aug. 20, 1935

19. UNDERTAKER Frank A. Bowman (ADDRESS) Savannah, Missouri

20. FILED Aug 20, 1935 J. W. Holcomb Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1925, to Aug 18, 1935.
Last saw him alive on Aug 17, 1935. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Dilated heart
Hard blood vessel
years
Other contributory causes of importance were _____

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) S. L. Bever, M. D.
(Address) Amazonia Mo

[The body of the document contains several columns of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a formal document or report, but the specific words and sentences cannot be discerned.]

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY PAGE.

1. PLACE OF DEATH

County Andrew
Township _____
City Amazonia (No. _____)

Registration District No. 8
Primary Registration District No. 4005

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Fannie Francis Claimer

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>16</u>
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1930
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Dilated Heart
Rheumatic heart
Date of onset _____

Other contributory causes of importance:
Gall bladder infection
Come probably due to
Chronic Constipation

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

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) S. S. Bever, M. D.
(Address) Amazonia Mo

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	13. NAME
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	15. MAIDEN NAME
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL	
PLACE	DATE
19. UNDERTAKER (ADDRESS)	
20. FILED <u>Aug 20, 1930</u> <u>G. W. Holcomb</u> Registrar	

PRELIMINARY

WRITE PLAIN WITH UNFADING INK THIS IS A PERMANENT RECORD

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OCT 18 1935

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