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.

OCT 17 1935

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

Do not use this space.

28715

File No.
Registered No. 17

1. PLACE OF DEATH

County Buchanan, Registration District No. 81
Township Bloomington, Primary Registration District No. 5122
City (No. 1 Mile West, DeKalb, Mo. St. Ward)

2. FULL NAME Clara Steele Wilson,

(a) Residence, No. 1 M.W. DeKalb, 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 70 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): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph R. Wilson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1858

7. AGE: Years 76 | Months 9 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

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) September 1935,
11. Total time (years) spent in this occupation 40

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

FATHER

13. NAME William T. Steele,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

MOTHER

15. MAIDEN NAME Elizabeth Dooley,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

17. INFORMANT Walter E. Wilson
(ADDRESS) R.F.D. # 2, DeKalb, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sugar Creek Cem DATE Sept. 28th 1935

19. UNDERTAKER Heaton-Besole & Bowman
(ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED Oct. 10, 1935 J. W. McAdow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1935, to Sept 26, 1935

I last saw her alive on Sept 26, 1935. Death is said to have occurred on the date stated above, at 12:10 p.m.

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

Chronic Interstitial Nephritis — Date of onset

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Usual 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. W. McAdow, M. D.

(Address) DeKalb Mo